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Requestor's Name: P. Spivack

Serial Number: 09/031,862

Date: 7/20/98 Phone: X4703 Art Unit: 1614

2/27/98

Search Topic:
Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevent citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevent claim(s).

Please search

A method for treating dermatologic disorders comprising administering a fluoroquinolone antibiotic.

5,401,741

4,551,456

5,374,432

1998 JUL 21 PM 3:05

Thanks

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Wed 7/24

STAFF USE ONLY

Date completed: 7/24
Searcher: Ubaug 4218
Terminal time: 18
Elapsed time:
CPU time:
Total time:
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Search Site
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___ Dialog
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___ Geninfo
___ SDC
___ DARC/Questel
___ Other

PTO-1590 (9-90)

Apwack
031862

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=> e fluoroquinolone/cn

E1            1      FLUOROQUINACRINE/CN
E2            1      FLUOROQUINE/CN
E3            0 --> FLUOROQUINOLONE/CN
E4            1      FLUORORACLOPRIDE/CN
E5            1      FLUORORACLOPRIDE-18F/CN
E6            1      FLUORORESIST FBM 110/CN
E7            1      FLUORORHENIUM PENTACARBONYL/CN
E8            1      FLUOROSALAN/CN
E9            1      FLUOROSELENATE/CN
E10           1      FLUOROSELENATE (SEF2O1-), VANADIUM COMPLEX/CN
E11           1      FLUOROSELENATE (SEF5O1-)/CN
E12           1      FLUOROSELENATE (SEFO31-), NITRYL/CN

=> fil caplus,.biotech,wpids,uspatful,caba,agricol,jicst,dissab,conf

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=> s (fluoroquinolone or fluoro(1)quinolone) and (dermat? or skin)

L1           46 FILE CAPLUS
L2           78 FILE BIOSIS
L3          174 FILE MEDLINE
L4          157 FILE EMBASE
L5            2 FILE WPIDS
L6          108 FILE USPATFULL
L7            9 FILE CABA
L8            5 FILE AGRICOLA
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L9          24 FILE JICST-EPLUS
L10          1 FILE DISSABS
L11          0 FILE CONF

TOTAL FOR ALL FILES
L12        604 (FLUOROQUINOLONE OR FLUORO(L) QUINOLONE) AND (DERMAT? OR
               SKIN)

=> s l12 and antibiot?

L13         29 FILE CAPLUS
L14         28 FILE BIOSIS
L15         66 FILE MEDLINE
L16         81 FILE EMBASE
L17          0 FILE WPIDS
L18         71 FILE USPATFULL
L19          2 FILE CABA
L20          2 FILE AGRICOLA
L21          4 FILE JICST-EPLUS
L22          0 FILE DISSABS
L23          0 FILE CONF

TOTAL FOR ALL FILES
L24        283 L12 AND ANTIBIOT?

=> s (fluoroquinolone or fluoro(l)quinolone)(w)antibiot? and (dermat? or
skin)(w)disorder?

PROXIMITY OPERATION NOT ALLOWED
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PROXIMITY OPERATION NOT ALLOWED
Certain operators may not be nested in combination with other
operators.  A nested operator is valid only when it occurs at the same
level or above the operator outside the nested phrase as determined by
the following precedence list:

                    1.    Numeric
                    2.    (W), (NOTW), (A), (NOTA)
                    3.    (S), (NOTS)
                    4.    (P), (NOTP)
                    5.    (L), (NOTL)
                    6.    AND, NOT
                    7.    OR

For example, '(MONOCLONAL(W)ANTIBOD?)(L)ANTIGEN?' is valid since (W)
is above (L) on the precedence list.  However,
'((THIN(W)LAYER)(L)PHOSPHOLIPID#)(A)LACTONE#' is not valid since (L)
is below (A) on the precedence list.  The only exception is the 'OR'
operator.  This operator may be used in combination with any other
operator.  For example, '(ATOMIC OR NUCLEAR)(W)REACTOR' is valid.

=> s (fluoroquinolone or fluoro quinolone)(w)antibiot? and (dermat? or
skin)(w)disorder?
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L25 0 FILE CAPLUS
L26 0 FILE BIOSIS
L27 0 FILE MEDLINE
L28 0 FILE EMBASE
L29 0 FILE WPIDS
L30 0 FILE USPATFULL
L31 0 FILE CABA
L32 0 FILE AGRICOLA
L33 0 FILE JICST-EPLUS
L34 0 FILE DISSABS
L35 0 FILE CONF

TOTAL FOR ALL FILES
L36 0 (FLUOROQUINOLONE OR FLUORO QUINOLONE)(W) ANTIBIOT? AND (DERMAT? OR SKIN)(W) DISORDER?

=> dup rem l24

DUPLICATE IS NOT AVAILABLE IN 'CONF'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L24
L37 214 DUP REM L24 (69 DUPLICATES REMOVED)

=> d cbib abs 1-

YOU HAVE REQUESTED DATA FROM 214 ANSWERS - CONTINUE? Y/(N):n

=> d 1-214 cbib abs;log y

L37 ANSWER 1 OF 214 USPATFULL
1998:85936 Anti-gram-positive bacterial methods and materials.
Horwitz, Arnold, Los Angeles, CA, United States
Lambert, Jr., Lewis H., Fremont, CA, United States
Little, II, Roger G., Benicia, CA, United States
XOMA Corporation, Berkeley, CA, United States (U.S. corporation)
US 5783561 980721
APPLICATION: US 96-758116 961125 (8)
DOCUMENT TYPE: Utility.
AB The present invention relates to methods of treating gram-positive bacterial infections by administration of a BPI protein product alone, or in combination with an **antibiotic**. BPI protein product alone has a bactericidal or growth inhibitory effect on selected gram-positive organisms. BPI protein product also increases the susceptibility of gram-positive organisms to **antibiotics** and can even reverse resistance of gram-positive organisms to **antibiotic**.

L37 ANSWER 2 OF 214 USPATFULL
1998:82763 Hydroxyl-containing xanthine compounds.
Underiner, Gail E., Brier, WA, United States
Porubek, David, Seattle, WA, United States
Klein, J. Peter, Vashon Island, WA, United States
Woodson, Paul, Edmonds, WA, United States
Cell Therapeutics, Inc., Seattle, WA, United States (U.S. corporation)
US 5780476 980714
APPLICATION: US 95-468660 950606 (8)

DOCUMENT TYPE: Utility.

AB Disclosed are therapeutic compounds having the formula:

(R)j - (core moiety),

including resolved enantiomers, diastereomers, hydrates, salts, solvates and mixtures thereof. j is an integer from one to three, the core moiety is either non-cyclic or comprises at least one five- to seven-membered ring structure, R may be selected from the group consisting of hydrogen, halogen, hydroxyl, amino, substituted or unsubstituted benzyl, C.sub.1-6 alkyl or C.sub.1-6 alkenyl, and at least one R has the formula I: ##STR1## n is an integer from seven to twenty and at least one of X or Y is --OH. The other of X or Y, which is not --OH, is hydrogen, CH.sub.3 --, CH.sub.3 --CH.sub.2 --, CH.sub.3 --(CH.sub.2).sub.2 -- or (CH.sub.3).sub.2 --CH.sub.2 --, and each W.sub.1, W.sub.2, and W.sub.3 is independently hydrogen, CH.sub.3 --, CH.sub.3 --CH.sub.2 --, CH.sub.3 --(CH.sub.2).sub.2 -- or (CH.sub.3).sub.2 --CH.sub.2 --. The X, Y, W.sub.1, W.sub.2, or W.sub.3 alkyl groups may be unsubstituted or substituted by an hydroxyl, halo or dimethylamino group. The disclosed compounds and therapeutic compositions thereof are useful in treating individuals having a disease or treatment-induced toxicity, mediated by second messenger activity.

L37 ANSWER 3 OF 214 USPATFULL

1998:79342 Acetal-and ketal-substituted pyrimidine compounds.

Leigh, Alistair, Brier, WA, United States

Underiner, Gail, Brier, WA, United States

Cell Therapeutics, Inc., Seattle, WA, United States (U.S. corporation)

US 5777115 980707

APPLICATION: US 94-193331 940207 (8)

DOCUMENT TYPE: Utility.

AB Acetal-and ketal-substituted compounds and pharmaceutical compositions thereof have the following formula:

CORE MOIETY--(R).sub.j,

including resolved enantiomers and/or diastereomers, hydrates, salts, solvates and mixtures thereof. j is an integer from one to three, the core moiety is non-cyclic or cyclic a monocyclic moiety having at least one nitrogen atom within the ring and R may be selected from among hydrogen, halogen, hydroxyl, amino, substituted or unsubstituted alkyl C.sub.(1-6), alkenyl C.sub.(2-6), cyclic or heterocyclic groups, and groups having a structure prescribed by formula I. At least one R has the formula I:

--(CH.sub.2).sub.n --C--(R.sub.1).sub.3 I

wherein n is an integer from three to twenty; R.sub.1 is selected from among hydrogen; halogen; hydroxide; substituted or unsubstituted C.sub.(1-6) alkyl, C.sub.(1-6) alkoxy, C.sub.2-6) alkenyl, cyclic or heterocyclic group; --OR.sub.2, R.sub.2 being hydrogen or a substituted or unsubstituted C.sub.(1-6) alkyl, C.sub.(2-6) alkenyl, cyclic or heterocyclic group; --(CH.sub.2).sub.p --C(R.sub.3).sub.3 (wherein p is zero or an integer from one to ten, R.sub.3 is hydrogen, halogen, hydroxide, substituted or unsubstituted C.sub.(1-6) alkyl, C.sub.(1-6)

alkoxy, C.sub.(2-6) alkenyl, cyclic or heterocyclic group, or --OR.sub.2, R.sub.2 being defined above). The inventive compounds are useful in a large variety of therapeutic indications for treating or preventing disease mediated by intracellular signaling through specific intracellular signaling pathways.

L37 ANSWER 4 OF 214 USPATFULL
1998:72620 Oxime substituted therapeutic compounds.
Klein, J. Peter, Vashon, WA, United States
Leigh, Alistair, Brier, WA, United States
Cell Therapeutics, Inc., Seattle, WA, United States (U.S. corporation)
US 5770595 980623
APPLICATION: US 94-193344 940207 (8)
DOCUMENT TYPE: Utility.

AB Oxime-substituted compounds are preferably cyclic or heterocyclic compounds. The oxime-substituted compounds and pharmaceutical compositions thereof have the formula:

CORE MOIETY--(R).sub.j

including resolved enantiomers (both syn and anti forms) and/or diastereomers, hydrates, salts, solvates and mixtures thereof. j is an integer from one to three, the core moiety is non-cyclic or cyclic and R may be selected from among: hydrogen, halogen, hydroxyl, amino, substituted or unsubstituted C.sub.(1-10), alkyl, C.sub.(2-10) alkenyl, cyclic or heterocyclic groups, and formula I. At least one R has the formula I:

--(CH.sub.2).sub.n --C--(R.sub.1).sub.p, I

wherein n is an integer from three to twenty; p is two or three; R.sub.1 is selected from among hydrogen; halogen; hydroxide; substituted or unsubstituted C.sub.(1-10) alkyl, C.sub.(1-10) alkoxy, C.sub.(2-10) alkenyl, cyclic or heterocyclic group; =N--OR.sub.2, R.sub.2 being hydrogen or a substitute or unsubstituted C.sub.(1-10) alkyl, C.sub.(2-10) alkenyl, cyclic or heterocyclic group; and --(CH.sub.2).sub.s --C(R.sub.3).sub.t (wherein s is zero or an integer from one to ten, t is two or three, R.sub.3 is hydrogen, halogen, hydroxide, substituted or unsubstituted C.sub.(1-10) alkyl, C.sub.(1-10) alkoxy, C(.sub.2-10) alkenyl, cyclic or heterocyclic group, or .dbd.N--OR.sub.2, R.sub.2 being defined above). At least one R.sub.1 or one R.sub.3 is .dbd.N--OR.sub.2, p or t corresponding to the at least one R.sub.1 or one R.sub.3 is two, and a second R.sub.1 or second R.sub.3, bonded to the same --C as the at least one R.sub.1 or one R.sub.3, is other than .dbd.N--OR.sub.2. These disclosed compounds are useful in a large variety of therapeutic indications for treating or preventing disease mediated by intracellular signaling through specific intracellular signaling pathways.

L37 ANSWER 5 OF 214 USPATFULL
1998:72601 Pharmaceutical dipeptide compositions and methods of use thereof: systemic toxicity
Morozov, Vyacheslav G., St. Petersburg, Russian Federation
Khavinson, Vladimir Kh., St. Petersburg, Russian Federation
Cytran, Inc., Kirkland, WA, United States (U.S. corporation)
US 5770576 980623

APPLICATION: US 95-452077 950526 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Methods of treatment of subjects with systemic toxicity by administering an R'-Glu-Trp-R" pharmaceutical preparation.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 6 OF 214 USPATFULL
1998:69020 Compounds and methods for making and using same.
Alexander, Petr, San Mateo, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
US 5767100 980616
APPLICATION: US 96-615670 960313 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB In accordance with this invention novel compounds are provided that are selected from saturated and unsaturated pyrans and furans substituted with at least a phosphonate group and a heterocyclic base. These compounds are useful as antiinfectives, flame retardants, diagnostic oligonucleotides and immunogens.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 7 OF 214 USPATFULL
1998:51802 Compounds and methods for making and using same.
Alexander, Petr, San Mateo, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences,Inc., Foster City, CA, United States (U.S. corporation)
US 5750729 980512
APPLICATION: US 97-806575 970225 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB In accordance with this invention novel compounds are provided that are selected from saturated and unsaturated pyrans and furans substituted with at least a phosphonate group and a heterocyclic base. These compounds are useful as antiinfectives, flame retardants, diagnostic oligonucleotides and immunogens.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 8 OF 214 USPATFULL
1998:42375 Histidine compositions and methods for treating or preventing infectious and non-infectious diarrheas.
Thomas, Peter G., Charlottesville, VA, United States
Cytos Pharmaceuticals, L.P., Durham, NC, United States (U.S. corporation)
US 5741807 980421
APPLICATION: US 96-718705 960927 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of preventing or reducing fluid and electrolyte losses in mammalian subjects under the effect of a stimulus that directly or indirectly causes such losses, by administering a therapeutically effective amount of D-histidine, L-histidine, a racemic mixture thereof, a non-racemic mixture thereof, and pharmaceutically acceptable salts in conjunction with a carrier. In one embodiment the method is useful in reducing or preventing intestinal tract

fluid secretions, and fluid and electrolyte losses associated with diarrhea arising from a number of causative agents, such as infectious diarrheas and non-infectious diarrheas. Various therapeutic regimes of histidine administration and formulation are embodied. Therapeutic compositions of histidine in combination with other medicaments, e.g., those that produce a diarrheal side-effect, are disclosed as another embodiment.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 9 OF 214 USPATFULL
1998:28061 Methods for normalizing numbers of lymphocytes.
Morozov, Vyacheslav G., St. Petersburg, Russian Federation
Khavinson, Vladimir Kh., St. Petersburg, Russian Federation
Cytoven J.V., Kirkland, WA, United States (U.S. corporation)
US 5728680 980317
APPLICATION: US 95-452411 950526 (8)
PRIORITY: SU 87-4352833 871230
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB This invention provides methods for normalizing the numbers of lymphocytes in animals by administering the dipeptide L-Glu-L-Trp.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 10 OF 214 USPATFULL
1998:25236 Quinolizinone type compounds.
Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
Ma, Zhenkun, Gurnee, IL, United States
Wang, Wei-Bo, Park City, IL, United States
Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
US 5726182 980310
APPLICATION: US 95-484632 950607 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, selected preferred examples of which include those compounds wherein

A is .dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 11 OF 214 USPATFULL
1998:17075 Method and compositions for direct concentrated delivery of passive immunity.
Gristina, Anthony George, 11605 Deer Forest Rd., Reston, VA, United States 22094
Myrvik, Quentin Newell, 404 Palmetto Dr., Caswell Beach, NC, United States 28465
US 5718899 980217
APPLICATION: US 96-608817 960229 (8)
DOCUMENT TYPE: Utility.
AB Compositions containing a high concentration of the full repertoire of immunoglobulins, including IgA, IgM and IgG, are used to combat infections from microorganisms and viruses at a wound, surgical, or burn site, or normal tissue at times of risk of infection. The compositions can contain elevated antibody titers for several specific pathogens including S. aureus, CNS, Enterococci, S. epidermidis, P. aeruginosa, E. coli, and Enterobacter spp., etc. The compositions are applied directly to a wound or burn site as an ointment, creme, fluid, spray, or the like, prior to vital or bacterial attachment or biofilm formation such that adhesion of the pathogens is inhibited and the pathogens closest to the wound or burn site will be pre-opsonized for phagocytic killing prior to toxin release. The immunoglobulins in the composition can be immobilized on a biocompatible material such as collagen, fibrin, hyaluronan, biodegradable polymers, and fragments thereof, which will be placed in-situ at the wound, surgical or burn site. In addition, the immunoglobulins in the composition may be coated on the body contacting surface of an implantable device such as a catheter, contact lens or total joint. The inventive compositions have particular application in preventing infections.

L37 ANSWER 12 OF 214 USPATFULL
1998:14937 Nucleotide analogs.
Arimilli, Murty N., Fremont, CA, United States
Jones, Robert J., Millbrae, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
US 5717095 980210
APPLICATION: US 96-774240 961227 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A cyclic nucleotide phosphonate ester characterized by the presence of an n-butyl salicylate ester group linked to the phosphorus atom of cHPMPC is disclosed. The analog comprises an ester bond that is hydrolyzed in vivo to yield a corresponding phosphonate nucleotide analog.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 13 OF 214 USPATFULL
1998:4232 Methods and compositions for the direct concentrated delivery of passive immunity.

Gristina, Anthony George, 11605 Deer Forest Rd., Reston, VA, United States 22094
Myrvik, Quentin Newell, 404 Palmetto Dr., Caswell Beach, NC, United States 28465
US 5707627 980113
APPLICATION: US 96-609912 960229 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compositions containing a high concentration of the full repertoire of immunoglobulins, including IgA, IgM and IgG, are used to combat infections from microorganisms and viruses at a wound, surgical, or burn site, or normal tissue at times of risk of infection. The compositions can contain elevated antibody titers for several specific pathogens including S. aureus, CNS, Enterococci, S. epidermidis, P. aeruginosa, E. coli, and Enterobacter spp., etc. The compositions are applied directly to a wound or burn site as an ointment, creme, fluid, spray, or the like, prior to viral or bacterial attachment or biofilm formation such that adhesion of the pathogens is inhibited and the pathogens closest to the wound or burn site will be pre-opsonized for phagocytic killing prior to toxin release. The immunoglobulins in the composition can be immobilized on a biocompatible material such as collagen, fibrin, hyaluronan, biodegradable polymers, and fragments thereof, which will be placed in-situ at the wound, surgical or burn site. In addition, the immunoglobulins in the composition may be coated on the body contacting surface of an implantable device such as a catheter, contact lens or total joint. The inventive compositions have particular application in preventing infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 14 OF 214 CAPLUS COPYRIGHT 1998 ACS
1998:263833 Document No. 129:12333 Cross-reactivity in murine **fluoroquinolone** photoallergy: exclusive usage of TCR V.beta.13 by immune T cells that recognize fluoroquinoline-photomodified cells. Tokura, Yoshiki; Seo, Naohiro; Yagi, Hiroaki; Furukawa, Fukumi; Takigawa, Masahiro (Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu, Japan). J. Immunol., 160(8), 3719-3728 (English) 1998. CODEN: JOIMA3. ISSN: 0022-1767. Publisher: American Association of Immunologists.
AB **Fluoroquinolone** antibacterial agents are well known to elicit photosensitivity as an adverse effect, and their cross-reactivity has been clin. documented. The photoallergenicity of fluorooquinolones is mainly derived from their photohaptenic moiety, and photomodification of **skin** epidermal cells with **fluoroquinolones** is thought to be an initial step for this photoallergy. Here we have explored, both in vivo and in vitro, T cell responses to **fluoroquinolone**-photomodified cells, focusing on their photoantigenic cross-reactivity. Cells were derivatized with **fluoroquinolones** under exposure to UV-A, and **fluoroquinolone** photoadducts were detected in photomodified cells by immunostaining, flow cytometry, and cell ELISA using **fluoroquinolone**-specific mAb. T cell-mediated hypersensitivity induced and elicited by s.c. injection of **fluoroquinolone**-photomodified epidermal cells as cross-reactive among six **fluoroquinolones**. In addn., lymph node cells from mice sensitized with **fluoroquinolone** -photomodified cells proliferated well in vitro not only to Langerhans cell-enriched epidermal cells photoderivatized with corresponding **fluoroquinolone**, but also to those

photomodified with any of five other **fluoroquinolones**, supporting their cross-reactivity. In three **fluoroquinolones** tested, Th1 populations that expanded after in vitro photoantigenic stimulation of immune lymph node cells expressed the same V.beta.13 of TCR. The sensitivity could be transferred by the i.v. administration of this V.beta.13+ T cell line into naive recipients, in which a high percentage of V.beta.13+ cells infiltrated at the challenge site. These findings suggest that these **fluoroquinolones** carry the same photoantigenic epitope, which is recognized by V.beta.13+ T cells, leading to **fluoroquinolone** photosensitivity and cross-reactivity.

L37 ANSWER 15 OF 214 MEDLINE
1998277930 Document Number: 98277930. [Tsutsugamushi fever. Rare rickettsiosis after a stay in the Philippines]. Tsutsugamushi-Fieber. Seltene Rickettsiose nach Aufenthalf auf den Philippinen. Fischer B P; Muller A; Strauss R; Schneider H T; Hahn E G. (Medizinische Klinik I mit Poliklinik, Friedrich-Alexander-Universitat Erlangen-Nurnberg.)DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT, (1998 Apr 30) 123 (18) 562-6. Journal code: ECL. ISSN: 0012-0472. Pub. country: GERMANY: Germany, Federal Republic of. Language: German.

AB HISTORY AND CLINICAL FINDINGS: After returning to his native Germany from a holiday in the Philippines a 37-year-old man was admitted because of high fever, cervical lymphadenopathy, pharyngitis and conjunctivitis, transient **skin** rash, nausea and vomiting, leukocytosis with shift to the left, atypical lymphocytes, as well as increased transaminases, LDH and cholestasis-indicating enzymes. INVESTIGATIONS: Stool, sputum and urine cultures were negative. The chest radiogram showed bilateral mild interstitial infiltration. Antibody titres against Rickettsia tsutsugamushi were markedly raised (IgG 1:128, IgM 1:2048). DIAGNOSIS, TREATMENT AND COURSE: Empirical **antibiotic** treatment with ciprofloxacin (200 mg twice daily intravenously) had no effect. As the mild signs of interstitial pneumonia progressed, clarithromycin (500 mg twice daily orally) was substituted with rapid fall in fever and gradual improvement. Tsutsugamushi infection was diagnosed serologically and the **antibiotic** changed to doxycycline (100 mg twice daily orally), continued for 14 days. Full remission occurred. CONCLUSIONS: Tsutsugamushi fever should be included in the differential diagnosis if, in addition to a history of a visit to an endemic area, there is the clinical triad of **skin** necrosis at the site of a mite bite, regional lymphadenopathy and **skin** rash (in this case, no **skin** lesion). The infection can be lethal without adequate treatment. Tetracyclines and possibly also macrolide **antibiotics** are effective against the causative organism.

L37 ANSWER 16 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 1
1998:235155 Document No. 128:316802 Levofloxacin and sparfloxacin: new quinolone **antibiotics**. Martin, Steven J.; Meyer, Joette M.; Chuck, Susan K.; Jung, Rose; Messick, Chad R.; Pendland, Susan L. (Department of Pharmacy Practice, College of Pharmacy, The University of Toledo, Toledo, OH, 43606, USA). Ann. Pharmacother., 32(3), 320-336 (English) 1998. CODEN: APHRER. ISSN: 1060-0280. Publisher: Harvey Whitney Books Co..

AB A review, with 149 refs., discussing the pharmacol., pharmacokinetics, spectrum of activity, clin. trials, and adverse effects of levofloxacin and sparfloxacin. Levofloxacin and sparfloxacin are active against pathogens frequently involved in community-acquired upper and lower respiratory tract infections,

including Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis, Mycoplasma pneumoniae, Legionella pneumophila, and Chlamydia pneumoniae. Both compds. are more active than ciprofloxacin against most gram-pos. bacteria, including enterococci, streptococci, and staphylococci, and retain good activity against most Enterobacteriaceae and Pseudomonas aeruginosa. Sparfloxacin has greater anaerobic activity than levofloxacin, which is more active than ciprofloxacin or ofloxacin. The clin. data demonstrate that these new quinolones are effective for most community-acquired upper and lower respiratory tract infections, urinary tract infections, gonococcal and nongonococcal urethritis, and **skin** and **skin** structure infections.
FDA-approved indications are limited for both compds. to date. Overall, levofloxacin and sparfloxacin have improved gram-pos. activity compared with that of older **fluoroquinolones**, and are administered once daily. Sparfloxacin-assocd. photosensitivity may limit its therapeutic usefulness. Clin. trials confirm that these agents are as effective as traditional therapies for the management of community-acquired pneumonia, acute exacerbations of chronic bronchitis, sinusitis, urinary tract infections, acute gonococcal and nongonococcal urethritis, and **skin** and **skin** structure infections.

L37 ANSWER 17 OF 214 MEDLINE
1998222631 Document Number: 98222631. **Antibiotic** use in the critical care unit. Ambrose P G; Owens R C Jr; Quintiliani R; Yeston N; Crowe H M; Cunha B A; Nightingale C H. (Department of Anti-infective Research and Pharmacoeconomic Studies, Hartford Hospital, Connecticut, USA.)CRITICAL CARE CLINICS, (1998 Apr) 14 (2) 283-308. Ref: 33. Journal code: CCC. ISSN: 0749-0704. Pub. country: United States. Language: English.
AB The antimicrobial management of patients in the critical care unit is complex. Not only must the clinician be familiar with a number of clinical, microbiological, pharmacological, and epidemiological observations but also fundamental pharmacodynamic concepts. It is an understanding of these concepts that forms the basis for the design of dosing strategies that maximize clinical efficacy and minimize toxicity. Antimicrobial selection is further complicated by the plethora of new antimicrobial agents available with varying clinical utility. Nowhere is this more evident than in the quinolone class of **antibiotics**. To aid the clinician in differentiating between quinolones it now seems reasonable to create a classification system akin to the generation grouping applied to the cephalosporins. Our classification is based upon the pharmacodynamic principles discussed within this article.

L37 ANSWER 18 OF 214 MEDLINE
1998236351 Document Number: 98236351. Fundamental studies on antibacterial activity of clindamycin against Propionibacterium acnes. Komagata Y; Komiyama K; Nomura S. (Bio-Iatoric Center, Kitasato Institute, Tokyo.)JAPANESE JOURNAL OF ANTIBIOTICS, (1998 Feb) 51 (2) 130-6. Journal code: KHV. ISSN: 0368-2781. Pub. country: Japan. Language: Japanese.
AB Antibacterial activity of clindamycin against Propionibacterium acnes (P. acnes) was evaluated in comparison with nadifloxacin in vitro. Using a burned-infected mouse model, topical application of 1% gel form of clindamycin phosphate on P. acnes was also evaluated in in vivo. (1) The MIC of clindamycin measured by agar dilution method was 0.02 microgram/ml, and this value was smaller than that of nadifloxacin (0.3 microgram/ml). (2) At concentrations on 1-, 2- and 4- times the MIC clindamycin demonstrated bacteriostatic

activity on P. acnes and showed bactericidal activity at 5-times the MIC. Nadifloxacin showed bacteriostatic activity at one half the MIC and bactericidal activity at the MIC. (3) Against acquired resistant strains of P. acnes, the highest concentrations of clindamycin and nadifloxacin that did not inhibit growth of the organism increased 5-fold higher than those against sensitive strain during 25 successive cultures in vitro. Therefore, the resistance of P. acnes was found to be emerged at almost the same ratio against both agents. (4) The chemotherapeutic effects of 1% gel form of clindamycin phosphate and 1% cream of nadifloxacin were evaluated for given subcutaneously to infected P. acnes at the burned site in mice. The topical application of either agents showed a significant reduction of number of bacteria and this result predicted clinical efficacy of topical application of clindamycin.

L37 ANSWER 19 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 2
1998:69570 Document No. 128:200582 Pharmacodynamics of levofloxacin: a new paradigm for early clinical trials. Preston, Sandra L.; Drusano, George L.; Berman, Adam L.; Fowler, Cynthia L.; Chow, Andrew T.; Dornseif, Bruce; Reichl, Veronica; Natarajan, Jaya; Corrado, Michael (Div. Clinical Pharmacol., Dep. Med. Pharmacol., Albany Med. Coll., Albany, NY, 12208, USA). JAMA, J. Am. Med. Assoc., 279(2), 125-129 (English) 1998. CODEN: JAMAAP. ISSN: 0098-7484. Publisher: American Medical Association.

AB One purpose of early clin. trials is to establish the appropriate dose of an **antibiotic** for phase 3 trials. Development of a relationship between the ratio of drug exposure to organism min. inhibitory concn. (MIC) and therapeutic response early in the development process would allow an optimal choice of dose to maximize response. The objective was to prospectively quantitate the relationship between plasma levels of levofloxacin and successful clin. and/or microbiol. outcomes and occurrence of adverse events in infected patients. Multicenter open-label trials were carried out in 22 enrolling university-affiliated medical centers. A total of 313 patients with clin. signs and symptoms of bacterial infections of the respiratory tract, **skin**, or urinary tract were tested. Clin. response and microbiol. eradication of pathogenic organisms were studied. Of 313 patients, 272 had plasma concn.-time data obtained. Of these, 134 patients had a pathogen recovered from the primary infection site and had an MIC of the pathogen to levofloxacin detd. These patients constituted the primary anal. group for clin. outcome. Groups of 116 and 272 patients, resp., were analyzed for microbiol. outcome and incidence of adverse events. In a logistic regression anal., the clin. outcome was predicted by the ratio of peak plasma concn. to MIC (Peak/MIC) and site of infection ($P<.001$). Microbiol. eradication was predicted by the Peak/MIC ratio ($P<.001$). Both clin. and microbiol. outcomes were most likely to be favorable if the Peak/MIC ratio was at least 12.2. Levofloxacin generated clin. and microbiol. response rates of 95% and 96%, resp. These response rates included **fluoroquinolone** "problem pathogens," such as Streptococcus pneumoniae and Staphylococcus aureus. Exposure to levofloxacin was significantly assocd. with successful clin. and microbiol. outcomes. The principles used in these analyses can be applied to other classes of drugs to develop similar relationships between exposure and outcome. This pharmacokinetic modeling could be used to det. optimal treatment dose in clin. trials in a shorter time frame with fewer patients. This modeling also should be evaluated for its potential to improve outcomes (maximizing therapeutic response, preventing emergence of resistance, and minimizing adverse events) of patients treated with this drug.

L37 ANSWER 20 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
1998089449 EMBASE [Rational use of oral antibacterial agents for outpatients. Recommendations of an Expert Committee of the Paul Ehrlich Society]. RATIONALER EINSATZ ORALER **ANTIBIOTIKA** IN DER PRAXIS. EMPFEHLUGEN EINER EXPERTENKOMMISSION DER PAUL-EHRLICH-GESELLSCHAFT FUR CHEMOTHERAPIE E. V.. Nabel K.G.; Vogel F.; Scholz H.. Dr. F. Vogel, Medizinische Klinik III, Kliniken Main-Taunus-Kreises GmbH, Lindenstr. 10, D-65719 Hofheim, Germany. Munchener Medizinische Wochenschrift 140/9 (118-127) 27 Feb 1998. Refs: 3.
ISSN: 0341-3098. CODEN: MMWOAU. Pub. Country: Germany. Language: German. Summary Language: English; German.

AB For outpatients mostly oral antibacterial agents are used. They are selected primarily according to clinical conditions. Identification of a pathogen is often impossible, and for many infections not necessary. Thus, clinical efficacy is the main criterion for selection, even if economic aspects are considered. The various antibacterial agents (penicillins, cephalosporins, macrolides, **fluoroquinolones**, tetracyclines, clindamycin, trimethoprim with and without sulfonamides, fosfomycin and nitrofurantoin) are characterized according to their antibacterial spectrum and pharmacokinetic properties. Within a class of agents the differences between older and newer substances are emphasized. On the basis of the most frequently isolated pathogens recommendations are developed which **antibiotics** can be considered drugs of choice or alternative for the specific infections. Summarizing tables presenting actual therapeutic recommendations and dosage regimens for adults and children should improve the rational use of antibacterial agents for outpatients.

L37 ANSWER 21 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
1998022836 EMBASE Economic aspects of antibacterial adverse effects. Beringer P.M.; Wong-Beringer A.; Rho J.P.. Dr. J.P. Rho, USC School of Pharmacy, 1985 Zonal Avenue, Los Angeles, CA 90033, United States. jprho@hsc.usc.edu. PharmacoEconomics 13/1 I (35-49) 1998. Refs: 108.
ISSN: 1170-7690. CODEN: PARMEK. Pub. Country: New Zealand. Language: English. Summary Language: English.

AB The economic impact of adverse effects is often understated. Increased hospitalisations attributed to adverse drug reactions alone account for billions of dollars each year within the US healthcare system. Although most classes of antibacterials are well tolerated, severe reactions do occur and can add significantly to the cost of care. Among hospitalised patients, antibacterial adverse effects account for nearly 25% of adverse drug reactions. Published pharmacoeconomic data on direct and indirect costs of antibacterial adverse effects are lacking. The importance of determining the most cost-effective treatment regimen is becoming more apparent due to limited resources available within the healthcare system. When considering the cost of new antibacterials, a simple comparison of acquisition costs may not accurately reflect the true costs of treatment. A drug with a lower acquisition cost may be more toxic and/or less effective, resulting in higher complication rates and/or treatment failures, thus leading to a higher overall treatment cost. In addition, nephrotoxic agents such as aminoglycosides and vancomycin often require close monitoring of serum drug concentrations and creatinine levels, which also contributes to the total cost of therapy. Indirect costs as a result of reduced quality of life or loss of productivity are certainly not reflected in the acquisition costs of antimicrobials. Institutions must evaluate a

drug's potential for causing an adverse event, among various other factors, when considering drugs for inclusion on their formularies. Drugs with good safety profiles may minimise hospitalisation or facilitate early discharge. Thus, the adverse effect profile of an antimicrobial agent can contribute significantly to its overall direct costs, primarily as a result of higher monitoring costs and additional days of hospitalisation. For example, in the US, the cost associated with adverse effects, such as nephrotoxicity, observed with aminoglycosides and vancomycin, may add approximately $US2500 per patient with nephrotoxicity (1990 values). Indirect costs can also be substantial as a result of reduced productivity. Many adverse effects of antibacterial agents are predictable and may be minimised with appropriate monitoring and care. This article reviews the pharmacoeconomic aspects of adverse effects associated with some of the more important antibacterial classes such as the .beta.-lactams, aminoglycosides, vancomycin, macrolides and **fluoroquinolones**.

L37 ANSWER 22 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
1998105989 EMBASE What new **antibiotics** to offer in the outpatient setting. Fraser K.L.; Grossman R.F.. Dr. R.F. Grossman, Mount Sinai Hospital, 600 University Ave, Toronto, Ont. M5G 1X5, Canada. Seminars in Respiratory Infections 13/1 (24-35) 1998. Refs: 91.
ISSN: 0882-0546. CODEN: SRINES. Pub. Country: United States Minor Outlying Islands. Language: English. Summary Language: English.
AB The treatment of community-acquired pneumonia is empiric. Guidelines have been developed to assist the clinician in selecting **antibiotics** to cover the likely pathogens. Given the difficulty of predicting an etiologic agent from patient characteristics, radiologic findings, and laboratory studies, initial regimens recommend broad-spectrum coverage. In some circumstances, two **antibiotics** may be required. The prevalance of resistent organisms is increasing and must be considered when prescribing treatment. Patient compliance is essential for successful therapy but diminishes with inconvenient dosing schedules and with poorly tolerated medicines. A number of novel antimicrobials have either been just launched or are in the late stages of development. Most have been developed in an attempt to address the above concerns. This article focuses on the new oral cephalosporins macrolides, and **fluoroquinolones**, and discusses the place of each in the therapy of community-acquired pneumonia.

L37 ANSWER 23 OF 214 USPATFULL
97:112597 Methods for making nucleoside analogs.
Alexander, Petr, San Mateo, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
US 5693771 971202
APPLICATION: US 96-615669 960313 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB In accordance with this invention novel compounds are provided that are selected from saturated and unsaturated pyrans and furans substituted with at least a phosphonate group and a heterocyclic base. These compounds are useful as antiinfectives, flame retardants, diagnostic oligonucleotides and immunogens.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 24 OF 214 USPATFULL
97:88981 Antimicrobial dithiocarbamoyl quinolones.
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
White, Ronald Eugene, South Plymouth, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5672600 970930
APPLICATION: US 94-327063 941021 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the dithiocarbamate containing moiety;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 25 OF 214 USPATFULL
97:83961 Method for preventing or reducing photosensitivity and/or phototoxicity reactions to medications.
Klimstra, Paul Dale, Northbrook, IL, United States
Roniker, Barbara, Chicago, IL, United States
Swabb, Edward Allen, Kenilworth, IL, United States
G. D. Searle & Co., Chicago, IL, United States (U.S. corporation)
US 5668134 970916
APPLICATION: US 94-188296 940128 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention provides a method for preventing or reducing a photosensitivity and/or phototoxicity reaction which may be caused by a once-per-day dose of a medication which causes a photosensitivity and/or phototoxicity reaction in a patient comprising administering the prescribed or suggested dose of the medication to the patient during the evening or early morning hours.

The present invention also provides an article of manufacture comprising: (1) a packaging material, and (2) a once-a-day dose medication which causes a photosensitivity and/or a phototoxicity reaction in a patient contained within said packaging material, wherein such a reaction is prevented or reduced by administering the medication to the patient during the evening or early morning hours, and wherein said packaging material comprises a label which indicates that such a reaction is prevented or reduced by administering the medication to the patient during the evening or early morning hours, and/or that such medication is to be administered during the evening or early morning hours, and/or wherein the packaging material is arranged in a manner which releases the medication to the patient during the evening or early morning hours.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 26 OF 214 USPATFULL
97:75831 Inhibition of helicobacter.
Petschow, Bryon W., Evansville, IN, United States
Bristol-Myers Squibb Company, Princeton, NJ, United States (U.S. corporation)
US 5660842 970826
APPLICATION: US 95-435566 950505 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention is directed to a method for inhibiting Helicobacter by administering C.sub.8 -C.sub.16 monoglycerides of fatty acids or lauric acid. The monoglycerides and/or lauric acid are conveniently administered via a nutritional composition.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 27 OF 214 USPATFULL
97:73727 Nucleotide analogues.
Alexander, Petr, San Mateo, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
US 5659023 970819
APPLICATION: US 95-384504 950201 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB In accordance with this invention novel compounds are provided that are selected from saturated and unsaturated pyrans and furans substituted with at least a phosphonate group and a heterocyclic base. These compounds are useful as antiinfectives, flame retardants, diagnostic oligonucleotides and immunogens.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 28 OF 214 USPATFULL
97:71178 Nucleotide analogs.
Bischofberger, Norbert, San Carlos, CA, United States
Jones, Robert J., Millbrae, CA, United States
Arimilli, Murty, Fremont, CA, United States
Lin, Kuei-Ying, Fremont, CA, United States
Louie, Michael, Burlingame, CA, United States
McGee, Lawrence R., Pacifica, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
US 5656745 970812
APPLICATION: US 93-123483 930917 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Nucleotide analogs characterized by the presence of an amidate linked amino acid or an ester linked group which is bonded to the phosphorus atom of phosphonate nucleotide analogs are disclosed. The analogs comprise a phosphoamidate or ester bond that is hydrolyzed in vivo to yield a corresponding phosphonate nucleotide analog. Methods and intermediates for their synthesis and use are described.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 29 OF 214 USPATFULL
97:71058 Antimicrobial lactam-quinolones.

White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5656623 970812
APPLICATION: US 91-692821 910426 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial lactam-quinolone compounds comprising a lactam-containing moiety linked to a quinolone moiety, of the formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.4 and R.sup.6 generally form any of a variety of quinolone, naphthyridine or related cyclic moieties known in the art to have antimicrobial activity; and

(2) R.sup.1 or R.sup.3 contain a linking moiety, linking the quinolone moiety to a lactam-containing moiety having the formula: ##STR2## wherein (3) R.sup.10, R.sup.11, R.sup.12, R.sup.13, and R.sup.14, together with bonds "a" and "b", form any of a variety of lactam-containing moieties known in the art to have antimicrobial activity; and

(4) the linking moiety includes (for example) carbamate, dithiocarbamate, urea, thiourea, isouronium, isothiouronium, guanidine, carbonate, trithiocarbonate, reversed carbamate, xanthate, reversed isouronium, reversed dithiocarbamate, reversed isothiouronium, amine, imine, ammonium, heteroarylium, ether, thioether, phosphono, phosphoramide, phosphate, sulfonamide, ester, thioester, amide, and hydrazide groups.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 30 OF 214 USPATFULL
97:68615 Amino acids and peptides having modified C-terminals and modified N-terminals.
Kari, U. Prasad, Lansdale, PA, United States
Magainin Pharmaceuticals Inc., Plymouth Meeting, PA, United States (U.S. corporation)
US 5654451 970805
APPLICATION: US 95-430462 950428 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds which have one of the following structural formulae: ##STR1## AA is an amino acid residue or an amino acid chain of two or more amino acid residues, excluding the N-terminal and the C-terminal from said amino acid residue or amino acid chain of two or more amino acid residues;

R.sub.1 is hydrogen or an alkyl group having from 1 to 8 carbon atoms;

R.sub.2 is selected from the group consisting of

(i) a substituted or unsubstituted hydrocarbon having from 1 to 20 carbon atoms, and ##STR2## R.sub.4 is an aliphatic hydrocarbon having 1 to 4 carbon atoms. R.sub.4 may be substituted or unsubstituted.

R.sub.3 is selected from the group consisting of

(i) hydrogen; ##STR3## wherein R.sub.5 is hydrogen or a nitro

group; and ##STR4## wherein each of R.sub.6, R.sub.7, and R.sub.8 is hydrogen or methyl. The above compounds are useful as pharmaceuticals for inhibiting the growth of target cells, viruses, or virally-infected cells.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 31 OF 214 USPATFULL
97:61678 Antimicrobial carbacephem-quinolones.
White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5648346 970715
APPLICATION: US 95-477724 950607 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A substantially flat collapsed plastic bag with an evacuation form unit insert positioned therein as manufactured to serve as a form about which the filled bag will collapse as it is emptied. The form unit comprises a ring for mounting the unit on the spout of the bag and a multi-channel form extending radially from the ring and hingedly connected thereto. A simple method is provided for manufacturing the bag with the form unit insert.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 32 OF 214 USPATFULL
97:59221 Quinolone 5-(N-heterosubstituted amino) antimicrobials.
Demuth, Jr., Thomas Prosser, Montgomery, OH, United States
White, Ronald Eugene, West Chester, OH, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5646163 970708
APPLICATION: US 94-235003 940428 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention relates to antimicrobial 5-(N-heterosubstituted amino) quinolone compounds having a structure according to Formula (I) or (II): ##STR1## wherein (1) R.sup.1, R.sup.2, R.sup.3, R.sup.9 and R.sup.10 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(a) R.sup.4 and R.sup.5 are, independently, hydrogen; lower alkyl; cycloalkyl; heteroalkyl; or --C(.dbd.O)--X--R.sup.8, where X is a covalent bond, N, O, or S, and R.sup.8 is lower alkyl, lower alkenyl, arylalkyl, a carbocylic ring, or a heterocyclic ring; or

(b) R.sup.4 and R.sup.5 together comprise a heterocyclic ring that includes the nitrogen to which they are bonded;

and the pharmaceutically-acceptable salts, biohydrolyzable esters, biohydrolyzable amides, and solvates thereof. The invention also relates to compositions comprising these compounds, as well as methods for treating infectious disorders using the compounds and/or compositions of the present invention.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 33 OF 214 USPATFULL
97:59197 Antimicrobial carbapenem quinolones.
White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5646139 970708
APPLICATION: US 95-477968 950607 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds of Structure: ##STR1## as well as their pharmaceutically-acceptable salts and biohydrolyzable esters, and hydrates thereof, are effective antiinfective agents, useful in treating and preventing infection.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 34 OF 214 USPATFULL
97:49630 Antimicrobial penem-quinolones.
White, Ronald E., South Plymouth, NY, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5637580 970610
APPLICATION: US 95-479072 950607 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds of structure: ##STR1## as well as their pharmaceutically-acceptable salts and biohydrolyzables esters, and hydrates thereof, are effective antiinfective agents, useful in treating and preventing infection.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 35 OF 214 USPATFULL
97:42881 Antimicrobial quinolone thioureas.
Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5631256 970520
APPLICATION: US 94-225123 940408 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the thiourea containing moiety

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 36 OF 214 USPATFULL
97:18167 7-(1-pyrrolidinyl)-3-quinolone- and - naphthyridone-carboxylic

acid derivatives as antibacterial agents and feed additives.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch-Gladbach, Germany, Federal Republic of
Krebs, Andreas, Odenthal-Holz, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5607942 970304
APPLICATION: US 95-406448 950320 (8)
PRIORITY: DE 88-3824072 880715
DE 89-3906365 890301
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB 7-(1-Pyrrolidinyl)-3-quinolone- and -naphthyridone-carboxylic acid derivatives as antibacterial agents and feed additives, of the formula ##STR1## in which X.sup.1 is halogen,

X.sup.2 is hydrogen, halogen, amino or other radical,

R.sup.1 is alkyl, cycloalkyl, optionally substituted phenyl or other radical,

R.sup.2 is hydrogen, alkyl or a dioxolylmethyl radical,

R.sup.3 is ##STR2## and A is N, CH, C-halogen, or the like, or forms a bridge with R.sup.1,

and addition products thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 37 OF 214 USPATFULL
97:10039 Quinolizinone type compounds.
Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
Ma, Zhenkun, Gurnee, IL, United States
Wang, Wei-Bo, Park City, IL, United States
Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
US 5599816 970204
APPLICATION: US 95-482249 950607 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, selected preferred examples of which include those compounds wherein

A is.dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 38 OF 214 CAPLUS COPYRIGHT 1998 ACS
1997:771966 Document No. 128:70299 Levofloxacin and trovafloxacin: The next generation of **fluoroquinolones**?. Ernst, Michael E.; Ernst, Erika; Klepser, Michael E. (College of Pharmacy, The University of Iowa, Iowa City, IA, 52242-1112, USA). Am. J. Health-Syst. Pharm., 54(22), 2569-2584 (English) 1997. CODEN: AHSPEK. ISSN: 1079-2082. Publisher: American Society of Health-System Pharmacists.

AB A review with 110 refs. on the pharmacol., spectrum of activity, pharmacokinetics, clin. efficacy, and adverse effects of levofloxacin, recently approved by FDA, and trovafloxacin, currently undergoing clin. trials. Compared with quinolones in current use, levofloxacin is more potent against gram-neg. bacteria and exhibits better antipseudomonal activity as well as greater oral bioavailability. Trovafloxacin is more potent than existing quinolones against gram-pos. bacteria. Both agents exert their antibacterial effects by inhibiting bacterial DNA synthesis. Compared with other quinolones, levofloxacin and trovafloxacin both demonstrate superior activity against the Bacteroides fragilis group, Chlamydia spp., Mycoplasma pneumoniae, and Mycobacterium spp. The half-life (t1/2) of levofloxacin is nearly eight hours. Levofloxacin can therefore be administered once daily for mild to moderate infections and twice daily for more serious infections. The recommended daily dose is 500 mg. Trovafloxacin has a t1/2 of 12 h, which allows for single daily doses, and is extensively metabolized. Levofloxacin has demonstrated clin. efficacy in the treatment of community-acquired respiratory-tract infections, genitourinary infections, **skin** and **skin** -structure infections, acute bacterial sinusitis, and infections of the head and neck. Trovafloxacin may have a role in treating **skin** and **skin**-structure or soft-tissue infections, respiratory-tract infections, sexually transmitted diseases, and meningitis. Both agents are well tolerated, with central-nervous-system and gas-gastrointestinal adverse effects reported most frequency. Concomitant administration of antacids or compds. contg. metal cations decreases absorption of these quinolones. Levofloxacin and trovafloxacin have favorable antimicrobial and pharmacokinetic profiles, offering the advantages of once-daily doses as well as superior potency and spectrum of activity compared with currently available quinolones.

L37 ANSWER 39 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 3
1997:643596 Document No. 127:302770 Comparing the newest **fluoroquinolones**: levofloxacin and sparfloxacin. Beringer,

Paul M.; Holtom, Paul D.; Rho, Jay P. (Clin. Pharm., Sch. of Pharm., Univ. of Southern California, Los Angeles, CA, USA). Formulary, 32(9), 926-928, 931-934, 941-943 (English) 1997. CODEN: FORMF9. ISSN: 1082-801X. Publisher: Advanstar.

AB A review with 37 refs. Levofloxacin and sparfloxacin are the two most recent **fluoroquinolone** agents to receive FDA approval. Clin. trials have demonstrated similar efficacy vs. comparator agents for the treatment of respiratory tract, **skin** and soft tissue, and urinary tract infections. The agents have expanded roles compared with other quinolone agents that include treatment of community-acquired pneumonia caused by "atypical" organisms and treatment of sinusitis (levofloxacin). Side effects assocd. with their use are generally mild to moderate, although phototoxicity and mild QTc-prolongation have been reported in patients receiving sparfloxacin, which limits its role in certain patient populations. Judicious use of these new agents is necessary to minimize the potential emergence of resistance.

L37 ANSWER 40 OF 214 MEDLINE

97291124 Document Number: 97291124. **Antibiotic** therapy for diabetic foot infections: comparison of two parenteral-to-oral regimens. Lipsky B A; Baker P D; Landon G C; Fernau R. (Antibiotic Research Clinic, Veterans Affairs Puget Sound Health Care System, University of Washington School of Medicine, Seattle 98108, USA.)CLINICAL INFECTIOUS DISEASES, (1997 Apr) 24 (4) 643-8. Journal code: A4J. ISSN: 1058-4838. Pub. country: United States. Language: English.

AB This prospective, randomized, multicenter trial compared the efficacy of two **antibiotic** regimens for treatment of foot infections in diabetic adults. Patients with infections requiring hospitalization were randomized to receive either intravenous ofloxacin followed by oral ofloxacin or intravenous ampicillin/sulbactam followed by oral amoxicillin/clavulanate (the aminopenicillin regimen) for 14-28 days. Patients with osteomyelitis were eligible for the study if the infected bone was to be removed. Of 108 patients enrolled in the study, 88 who were evaluable had various **skin** and soft-tissue infections, and 24% had osteomyelitis. For the ofloxacin and aminopenicillin regimens, the mean duration of intravenous therapy was 7.8 and 7.1 days, respectively, the mean duration of oral therapy was 13.2 and 12.0 days, respectively, the rate of eradication of pathogens was 78% and 88%, respectively, and the overall rate of clinical cure or improvement was 85% and 83%, respectively. Thus, about 3 weeks of therapy with either regimen was well tolerated and effective in treating these diabetic foot infections.

L37 ANSWER 41 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.

97273538 EMBASE A multicenter, double-blind, double-placebo comparative study of grepafloxacin versus ofloxacin in the treatment of **skin** and **skin** structure infections. Arata J.; Matsuura Y.; Umemura S.; Nagao H.; Katayama H.; Miyoshi K.; Mori K.- I.; Ogawara A.; Koizumi H.; Ishibashi Y.; Iozumi K.; Takahashi H.; Watanabe S.- I.; Ohnishi T.; Matsumura C.; Aihara H.; Abe T.; Suzuki T.; Saito R.; Urushibata O.; Mizuno A.; Hosono K.; Kanizawa M.; Harada S.; Nakanishi H.; Kawabata Y.; Tomizawa T.; Niimura M.; Kamide R.; Itami S.; Yokoi K.; Iino M.; Kawashima M.; Nagayama M.; Yoshikawa N.; Nakajima H.; Sasaki T.; Kageyama M.; Ichiyama S.- I.; Mori S.; Kamiya H.; Yoneda K.; Nakatani A.; Hirose M.; Imamura S.; Horiguchi Y.; Tachibana T.; Ogino A.; Toki M.; Yasuno H.; Konishi K.; Okuda Y.; Asada Y.; Horio T.; Nishijima S.; Kurokawa I.; Uoi M.; Yamamoto S.; Kameyoshi Y.; Yano T.; Hamanaka K.; Okano S.; Hide M.;

Arase S.; Urano Y.; Minami M.; Sasaki S.; Kodama H.; Ikeda M.; Hori Y.; Nakayama J.; Urake A.; Yasumoto S.-I.; Yoshida H.; Tanaka K.; Doi T.; Ohno M.; Kanzaki T.; Kanekura T.; Katahira Y.; Nakashima M.; Deguchi K.. J. Arata, Department of Dermatology, Okayama University Medical School, Affiliated Hospitals, 2-5-1 Shikada-cho, Okayama 700, Japan. Japanese Journal of Chemotherapy 45/7 (506-524) 1997.
Refs: 18.
ISSN: 1340-7007. CODEN: NKRZE5. Pub. Country: Japan. Language: Japanese. Summary Language: English; Japanese.

AB Grepafloxacin (GPFX), a new **fluoroquinolone**, and ofloxacin (OFLX) were compared in a multi-center, double-blind, double-placebo study in the treatment of **skin** and **skin** structure infections. Patients with deep-seated hair follicle infections (furuncles, furunculosis, and carbuncles) and deep-seated diffuse infections (cellulitis and erysipelas) were enrolled after their informed consent was obtained. Patients assigned to the GPFX group received one 200-mg tablet of GPFX once a day after breakfast and two placebo OFLX tablets after meals (t.i.d.). Patients assigned to the OFLX group received one placebo tablet of GPFX once a day after breakfast and two 109 mg OFLX tablets after meals (t.i.d.). The patients were treated for 7 days. Patients were evaluated in terms of efficacy, safety, and bacteriologic response. Efficacy was evaluated on day 4 (3-5) and on day 7 (6-8). Two hundred twenty-seven patients (GPFX group, 114 patients; OFLX group, 113 patients) were enrolled. The clinical efficacy rates were 90.5% (95/105) in the GPFX group and 88.5% (92/104) in the OFLX group. The overall improvement rates on day 4 were 73.9 % (65/88) in the GPFX group and 77.9% (67/86) in the OFLX group. The safety rates were 91.7% (100/109) in the GPFX group and 85.5% (94/110) in the OFLX group. The usefulness rates were 87.7% (93/106) in the GPFX group and 83.5% (91/109) in the OFLX group. Adverse reactions were seen in 6.4% of patients treated with GPFX and in 9.1% of patients treated with OFLX. The main adverse reactions were of gastrointestinal origin. None of them were severe. Abnormal laboratory findings were all minor (2.2% in the GPFX group and 7.6% in the OFLX group). The bacteriologic response rates were 89.0% for the GPFX group and 90.9% in the OFLX group. These differences were not statistically significant. These results suggest that GPFX at a dose of 200 mg once a day is as effective and safe as OFLX at a dose of 200 mg three times a day in the treatment of **skin** and **skin** structure infections.

L37 ANSWER 42 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97248135 EMBASE [Present and future of **fluoroquinolones**].
PRESENTE Y FUTURO DE LAS FLUOROQUINOLONAS. Canos Cabedo M.; Giner Almaraz S.; Ubeda Ruiz P.; Orero Clavero A.; Rodilla Calvelo F.; Gobernado Serrano. M. Canos Cabedo, Laboratoire Microbiologia, Hospital Gran Via, Castellon de la Plana, Valencia, Spain. Farmacia Clinica 14/6 (372-388) 1997.
Refs: 113.
ISSN: 0212-6583. CODEN: FACLE2. Pub. Country: Spain. Language: Spanish. Summary Language: Spanish; English.

AB **Fluoroquinolones** are a group of antimicrobials that are relatively new in clinical practice, which have their origin in chloroquine synthesis studies in the early fifties. In recent times a considerable development has taken place due to such features as their broad spectrum of action, which ranges from Grampositive and Gram-negative bacteria to facultative anaerobes, mycobacteria, chlamydiae, mycoplasmas, as well as bacteria multi-resistant to betalactam **antibiotics** and aminoglycosides. They also have a low proportion of resistances and a high power, which, together

with their pharmacokinetic properties, few adverse reactions and chemical and biological stability, makes them front line therapeutic agents.

L37 ANSWER 43 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 4
1997:606529 Document No. 127:244907 Photogenotoxicity of **skin** phototumorigenic **fluoroquinolone antibiotics** detected using the comet assay. Reavy, Helen J.; Traynor, Nicola J.; Gibbs, Neil K. (Photobiology Unit, Ninewells Hospital and Medical School, University of Dundee, Dundee, DD1 9SY, UK). Photochem. Photobiol., 66(3), 368-373 (English) 1997. CODEN: PHCBAP. ISSN: 0031-8655. Publisher: American Society for Photobiology.

AB The **fluoroquinolone** (FQ) **antibiotics** photosensitize human **skin** to solar UV radiation and are reported to photosensitize tumor formation in mouse **skin**. As tumor initiation will not occur without genotoxic insult, we examd. the potential of ciprofloxacin, lomefloxacin, fleroxacin, BAYy3118 (a recently developed monofluorinated quinolone) and nalidixic acid to photosensitize DNA damage in V79 hamster fibroblasts in vitro. Cells were exposed to 37.5 kJ/m2 UVA (320-400 nm; glass filtered Sylvania psoralen + UVA (PUVA) tubes; calibrated Waldmann radiometer) at 4.degree.C in the presence of FQ and immediately afterwards embedded in agarose, lysed and placed in an electrophoretic field at pH 12. Under these denaturing conditions, the presence of DNA single-strand breaks (SSB), alkali-labile sites (ALS) and double-strand breaks (DSB) can be visualized as DNA migrating away from the nucleus (characteristic "comet" appearance) after staining with a specific fluorochrome. At FQ concns. that induced minimal loss of cell viability (neutral red uptake assay) the compds. tested induced comets with a rank order of BAYy3118 > norfloxacin > ciprofloxacin > lomefloxacin > fleroxacin > nalidixic acid. If cells were incubated after treatment for 1 h at 37.degree.C, the comet score decreased, suggesting efficient removal of SSB/ALS/DSB. Addn. of the DNA polymerase.alpha. inhibitor, aphidicolin, to cells treated with either ciprofloxacin alone or ciprofloxacin + UVA resulted in an accumulation of SSB due to the endo/exonuclease steps of excision repair. We have demonstrated that the FQ are photogenotoxic in mammalian cells but that FQ-photosensitized SSB are efficiently repaired. Preliminary evidence that ciprofloxacin photosensitizes the formation of DNA lesions warranting excision repair may indicate prodn. of more mutagenic lesions.

L37 ANSWER 44 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 5
97:488279 Document No.: 99787482. Antimicrobial agents for the **dermatologist**. II. Macrolides, **fluoroquinolones**, rifamycins, tetracyclines, trimethoprim-sulfamethoxazole, and clindamycin.. Epstein M E; Amodio-Groton M; Sadick N S. 772 Park Avenue, New York, NY 10021, USA Journal of the American Academy of Dermatology, 37 (3 PART 1). 1997. 365-381. ISSN: 0190-9622. Language: English

AN 97:488279 BIOSIS

AB This article is the second of a two-part series reviewing antimicrobial agents that are used by the **dermatologist**. In part I we reviewed beta-lactam **antibiotics** and related compounds. In this section we again emphasize some newer agents (macrolides, **fluoroquinolones**) as well as some of the more commonly employed older agents (rifamycins, tetracyclines, trimethoprim-sulfamethoxazole, and clindamycin).

L37 ANSWER 45 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS
97:341672 Document No.: 99640875. New **antibiotics** in 1997: Their concern for **dermatologists**?. Le Coz C-J. Clin. Dermatol., Hop. Univ. Strasbourg, 1 Place de Hopital, 67091 Strasbourg Cedex, France Annales de Dermatologie et de Venereologie, 124 (4). 1997. 351-359. ISSN: 0151-9638. Language: French
AN 97:341672 BIOSIS

L37 ANSWER 46 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 6
97:339234 Document No.: 99638437. Cutaneous adverse reaction to ciprofloxacin: Demonstration of specific lymphocyte proliferation and cross-reactivity to ofloxacin in vitro.. Ronnau A C; Sachs B; Von Schmiedeberg S; Hunzelmann N; Ruzicka T; Gleichmann E; Schuppe H-C. Dep. Dermatol., Heinrich-Heine-Univ., Moorenstrasse 5, 40225 Duesseldorf, Germany Acta Dermato-Venereologica, 77 (4). 1997. 285-288. ISSN: 0001-5555. Language: English
AN 97:339234 BIOSIS
AB Ciprofloxacin (CPFX) is a widely used **fluoroquinolone antibiotic**, inducing cutaneous adverse drug reactions in about 1 to 2% of the treated patients. Conclusive diagnosis of drug allergy, however, still remains a major problem in daily clinical practice. Here, we present 2 patients with drug allergy to CPFX. In both cases the clinical suspicion for CPFX as the causative agent was confirmed in vitro by means of the lymphocyte transformation test, whereas epicutaneous patch tests remained negative. In vivo, a small percentage of the drug is biotransformed to the three major metabolites desethylene-, sulfo- and oxociprofloxacin. Though structurally closely related to their mother compound, these metabolites failed to induce in vitro lymphocyte proliferation in both patients. On the other hand, in vitro crossreactivity to ofloxacin, another fluorinated quinolone, could be demonstrated, which to our knowledge has not previously been reported.

L37 ANSWER 47 OF 214 MEDLINE
97330029 Document Number: 97330029. Participation of reactive oxygen species in phototoxicity induced by quinolone antibacterial agents. Umezawa N; Arakane K; Ryu A; Mashiko S; Hirobe M; Nagano T. (Faculty of Pharmaceutical Sciences, University of Tokyo, Japan.)ARCHIVES OF BIOCHEMISTRY AND BIOPHYSICS, (1997 Jun 15) 342 (2) 275-81. Journal code: 6SK. ISSN: 0003-9861. Pub. country: United States. Language: English.
AB To elucidate the mechanism of phototoxicity induced as a side effect by some of the new quinolone **antibiotics**, we studied sparfloxacin (SPFX), lomefloxacin, enoxacin, ofloxacin, and ciprofloxacin. We first examined the photosensitized formation of reactive oxygen species such as singlet oxygen (1O2) and superoxide anion (O2-) mediated by the new quinolones. Although a large number of studies have been reported, there is no direct evidence that these drugs generate reactive oxygen species. We employed a near-infrared emission spectrometer to detect 1O2-specific emission (1268 nm), and the nitroblue tetrazolium reduction method to detect O2-. All the quinolones investigated in this study were found to produce 1O2. Four drugs, but not SPFX, produced O2-. We also examined photodynamic DNA strand-breaking activity as a possible mechanism to explain the participation of reactive oxygen species in the phototoxicity of the drugs. All the drugs exhibited photodynamic DNA strand-breaking activity. The inhibitory effect of scavengers of reactive oxygen species indicated that the main active species was 1O2. The DNA strand-breaking activity was correlated not with the 1O2-forming ability, but with the affinity of the drugs for DNA. This result may be due to the short lifetime of 1O2. These data

suggested that the phototoxicity of the new quinolones was related to DNA damage caused by reactive oxygen species, especially 102.

L37 ANSWER 48 OF 214 MEDLINE
97343557 Document Number: 97343557. Potentiating effect of EDTA-Tris on the activity of **antibiotics** against resistant bacteria associated with otitis, **dermatitis** and cystitis. Farca A M; Piromalli G; Maffei F; Re G. (Department of Animal Pathology, University of Turin, Italy.)JOURNAL OF SMALL ANIMAL PRACTICE, (1997 Jun) 38 (6) 243-5. Journal code: K4N. ISSN: 0022-4510. Pub. country: ENGLAND: United Kingdom. Language: English.
AB Possible synergistic effects of the combination of EDTA-tromethamine (EDTA-Tris) and three antimicrobial agents (cephaloridine, kanendomycin and enrofloxacin) against resistant Gram-positive and Gram-negative bacteria are reported. Bacteria were isolated from eight cases of chronic otitis externa, five cases of chronic **dermatitis** and four cases of recurrent cystitis in dogs which had previously been treated with one of the three **antibiotics** without success. Animals exposed to EDTA-tromethamine plus the **antibiotic** recovered completely within 10 days, and were controlled clinically and bacteriologically for 180 days. Local irrigation with EDTA-tromethamine solution was well tolerated and no side effects were recorded.

L37 ANSWER 49 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97117282 EMBASE [Therapy of infections due to methicillin susceptible Staphylococcus aureus (MSSA)]. THERAPEUTIQUE DES INFECTIONS A STAPHYLOCOCCUS AUREUS SENSIBLE A LA METICILLINE (SAMS). Besnier J.M.; Bastides F.; Choutet P.. J.M. Besnier, Service de Maladies Infectieuses, Hopital Bretonneau, 2 Bd Tonnelle, F-37044 Tours, France. Medecine et Maladies Infectieuses 27/SPEC. ISS MAR. (225-240) 1997.
Refs: 98.
ISSN: 0399-077X. CODEN: MMAIB5. Pub. Country: France. Language: French. Summary Language: French; English.
AB Staphylococcal infections due to methicillin-susceptible Staphylococccus aureus remain as severe as infections due methicillin-resistant S. aureus, with a 30% mortality in staphylococcal bacteremia. The main infections are bacteremia and endocarditis, osteoarticular infections, **skin** and soft tissue infections, and pneumonia. Penicillinase-resistant penicillins, oxacillin and cloxacillin, remain the drug of choice as first intent therapy in bacteremia, endocarditis, acute osteoarthritis and **skin** infections. An aminoglycoside, gentamicin, is usually combined for the first days of treatment, despite no superiority has been shown in clinical studies. Rifampin, highly active in vitro, with an excellent tissue and intracellular penetration, and bactericidal against bacteria developped onto inert surface, is an excellent anti-staphylococcal agent. It must be used in combination with another anti-staphylococcal agent, such as a **fluoroquinolone**, particularly in infections requiring prolonged therapy: chronic osteoarthritis, prosthetic infections, and tricuspid endocarditis. For meningitis, mortality remains quite high, despite the reference therapy with a high dose penicillinase-resistant penicillin. Two combinations, cefotaxime-fosfomycin and pefloxacin-rifampin, which have a good meningeal diffusion, could be more efficient despite the lack of clinical study. In less severe infections, without bacteremia, oral **antibiotics** can be used such as penicillinase-resistant penicillins, macrolides, or a synergistin. In every case, the portal of entry which may require specific intervention, as removal of

prosthetic material, catheter, or drainage of deep collection, and possible metastatic localisations, must be taken into account for choice and duration of **antibiotics**.

L37 ANSWER 50 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97139024 EMBASE Enterobacter spp.: Pathogens poised to flourish at the turn of the century. Sanders W.E. Jr.; Sanders C.C.. C.C. Sanders, Dept Medical Microbiology Immunology, Creighton University, School of Medicine, 2500 California Plaza, Omaha, NE 68178, United States. Clinical Microbiology Reviews 10/2 (220-241) 1997.
Refs: 246.
ISSN: 0893-8512. CODEN: CMIREX. Pub. Country: United States. Language: English. Summary Language: English.
AB Knowledge of the genus Enterobacter and its role in human disease has expanded exponentially in recent years. The incidence of infection in the hospital and the community has increased. New clinical syndromes have been recognized. Enterobacter spp. have also been implicated as causes of other syndromes that traditionally have been associated almost exclusively with more easily treatable pathogens, such as group A streptococci and staphylococci. Rapid emergence of multiple-drug resistance has been documented in individual patients during therapy and in populations and environments with strong selective pressure from antimicrobial agents, especially the cephalosporins. Therapeutic options for patients infected with multiply resistant strains have become severely limited. Carbapenems or, alternatively, **fluoroquinolones** are the most predictively active options, although resistance to both classes has been observed on rare occasions. Enterobacter spp. appear well adapted for survival and even proliferation as the turn of the century approaches.

L37 ANSWER 51 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97117281 EMBASE [**Antibiotic** combination for the treatment of Staphylococcus aureus infections]. ASSOCIATIONS D' **ANTIBIOTIQUES** POUR LE TRAITEMENT DES INFECTIONS A STAPHYLOCOCCUS AUREUS. Mainardi J.L.. J.L. Mainardi, Service de Microbiologie Medicale, Hopital Saint-Joseph, 185 Rue Raymond Losserand, F-75674 Paris Cedex 14, France. Medecine et Maladies Infectieuses 27/SPEC. ISS MAR. (217-224) 1997.
Refs: 66.
ISSN: 0399-077X. CODEN: MMAIB5. Pub. Country: France. Language: French. Summary Language: French; English.
AB Combinations of antimicrobial agents for the treatment of infections due to Staphylococcus aureus are generally used to increase the antibacterial activity and/or to prevent the emergence of drug resistance. In vitro among the synergistic bactericidal combinations, the combinations of oxacillin, cephalosporins, or glycopeptides with an aminoglycoside remain the choice combinations for the treatment of infections due to methicillin-susceptible S. aureus. The comhinations of .beta.-lactams with fosfomycin and glycopeptides with gentamicin, when susceptible, are generally synergistic against methicillin-resistant S. aureus. If different combinations including **fluoroquinolones**, macrolides, glycopeptides, fosfomycin or fusidic acid are generally in vitro additive or indifferent, these combinations have sometimes proved more effective than the single-drug regimen in animal models, essentially due to the prevention of drug resistance. In the same way, despite a frequent in vitro bactericidal antagonism, combinations including oxacillin, glycopeptides or pefloxacin with rifampin have often shown more efficacy in experimental models of endocarditis. However in clinical practice, the use of combined

therapy did not always prevent resistance to rifampin, fusidic acid, fosfomycin or **fluoroquinolones**.

L37 ANSWER 52 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS
97:250722 Document No.: 99549925. Cutaneous side effects related to mesotherapy.. Tennstedt D; Lachapelle J M. Unite Dermatol. Prof. Environ., Univ. Catholique Louvain, Clos Chapelle-aux-Champs, 30 UCL 3033, B-1200 Bruxelles, Belgium Annales de Dermatologie et de Venereologie, 124 (2). 1997. 192-196. ISSN: 0151-9638. Language: French
AN 97:250722 BIOSIS

L37 ANSWER 53 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 7
1997:156834 Document No. 126:233129 Quinolone antibacterials: a new class of photochemical carcinogens. Maekinen, Markus; Forbes, P. Donald; Stenbaeck, Frej (University of Oulu, Oulu, Finland). J. Photochem. Photobiol., B, 37(3), 182-187 (English) 1997. CODEN: JPPBEG. ISSN: 1011-1344. Publisher: Elsevier.
AB Hairless mice were exposed orally to **antibiotics** of the **fluoroquinolone** group alone and in combination with irradn. with UVA over an extended period of time to det. the possible **skin** carcinogenicity in comparison with that with 8-methoxypsoralen, i.e., a known photochem. **skin** carcinogen. Animals exposed to UVA and fleroxacin, ciprofloxacin, nalidixic acid and ofloxacin exhibited an increase in the no. of benign **skin** tumors when compared with animals exposed to UVA alone. Animals exposed to lomefloxacin and UVA exhibited a specific type of neoplastic progression. In addn. to benign papillomas and solar keratoses, a no. of cystic squamous cell carcinomas were obsd. In the pos. control group, which was given 8-methoxypsoralen and UVA, a no. of papillomas and superficial squamous cell carcinomas were found. In animals exposed to UVA alone, only a few benign tumors were seen; in unexposed animals, no cutaneous neoplasms were obsd. It is concluded that **fluoroquinolones** warrant further study, because they have potential photocarcinogenic properties.

L37 ANSWER 54 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 8
1997:156833 Document No. 126:235269 **Fluoroquinolone** antibacterials enhance UVA-induced **skin** tumors. Klecak, Georg; Urbach, Frederick; Urwyler, Heinrich (Department of Toxicology, F. Hoffmann-La Roche AG, CH-4070, Basel, Switz.). J. Photochem. Photobiol., B, 37(3), 174-181 (English) 1997. CODEN: JPPBEG. ISSN: 1011-1344. Publisher: Elsevier.
AB **Fluoroquinolone** antibacterials are known to be phototoxic, both in vivo and in vitro. The action spectrum for the phototoxicity of the quinolones lies mainly in the UVA region. During studies of systemic drug phototoxicity, Johnson et al. (Dundee) induced dose-dependent phototoxicity in Swiss albino mice, and severe phototoxic reactions were followed by the development of **skin** tumors. The present study was designed to compare the ability of several quinolones to produce photobiol. effects following chronic, subphototoxic UVA radiation. To compare the activities of different quinolones (lomefloxacin, fleroxacin, ciprofloxacin, ofloxacin and nalidixic acid), doses that result in similar plasma and **skin** levels of drug were administered by gavage to slightly pigmented Skh-1 hairless mice for up to 78 wk. 8-Methoxypsoralen (8-MOP) was used as a pos. control, and unirradiated, drug-treated and irradiated and unirradiated drug-free controls were also used. No signs of phototoxicity were seen, except for minimal-to-slight erythema and swelling of the

skin in animals of the lomefloxacin-UVA group. **Skin** tumors (1 mm in diam. or larger) were obsd. in all the irradiated groups and the incidence was increased in all the groups treated with the test articles. The cumulative tumor prevalence was accelerated, the median latent periods were shortened and tumor onset was significantly enhanced by 8-MOP plus UVA, lomefloxacin plus UVA and fleroxacin plus UVA, as compared with vehicle plus UVA-exposed animals. The majority of **skin** tumors (with the exception of lomefloxacin and 8-MOP) were benign. The majority of squamous cell carcinomas in the lomefloxacin group were of a histol. type different from those previously reported in UVA-exposed animals. Thus, all the **fluoroquinolone antibiotics** studied have the capability of enhancing UVA-induced phototumorigenesis, but only lomefloxacin caused the development of cystic squamous cell carcinomas in the majority of treated animals.

L37 ANSWER 55 OF 214 MEDLINE
97239907 Document Number: 97239907. Quinolone **antibiotic** with potential to photosensitize **skin** tumorigenesis. Johnson B E; Gibbs N K; Ferguson J. (Photobiology Unit, Ninewells Hospital and Medical School, Dundee, UK.)JOURNAL OF PHOTOCHEMISTRY AND PHOTOBIOLOGY. B, BIOLOGY, (1997 Feb) 37 (3) 171-3. Journal code: JLI. ISSN: 1011-1344. Pub. country: Switzerland. Language: English.

L37 ANSWER 56 OF 214 MEDLINE
97239906 Document Number: 97239906. Phototoxicity and possible enhancement of photocarcinogenesis by fluorinated quinolone **antibiotics**. Urbach F. (Temple Medical Practices, Fort Washington, PA 19034, USA.)JOURNAL OF PHOTOCHEMISTRY AND PHOTOBIOLOGY. B, BIOLOGY, (1997 Feb) 37 (3) 169-70. Ref: 12. Journal code: JLI. ISSN: 1011-1344. Pub. country: Switzerland. Language: English.

L37 ANSWER 57 OF 214 MEDLINE
97265635 Document Number: 97265635. Excretion of ciprofloxacin in sweat and multiresistant Staphylococcus epidermidis [see comments]. Hoiby N; Jarlov J O; Kemp M; Tvede M; Bangsborg J M; Kjerulf A; Pers C; Hansen H. (Department of Clinical Microbiology, Rigshospitalet, University of Copenhagen, Denmark.)LANCET, (1997 Jan 18) 349 (9046) 167-9. Journal code: L0S. ISSN: 0140-6736. Pub. country: ENGLAND: United Kingdom. Language: English.
AB BACKGROUND: Staphylococcus epidermidis develops resistance to ciprofloxacin rapidly. That this **antibiotic** is excreted in apocrine and eccrine sweat of healthy individuals might be the reason for the development of such resistance. We assessed whether S epidermidis isolated from the axilla and nasal flora of healthy people could develop resistance to ciprofloxacin after a 1-week course of this **antibiotic**. METHODS: The concentration of ciprofloxacin in sweat was measured in seven volunteers after oral administration of 750 mg ciprofloxacin twice daily for 7 days, and the development of resistance in S epidermidis from axilla and nostrils was monitored during and 2 months after the treatment. Genotyping of S epidermidis was done by restriction fragment length polymorphism. FINDINGS: The mean concentration of ciprofloxacin in sweat increased during the 7 days of treatment-from 2.2 micrograms/mL 2.5 h after the first tablet to 2.5 micrograms/mL after the fifth tablet, and 5.5 micrograms/mL after the 13th tablet. All persons harboured susceptible S epidermidis (minimal inhibitory concentration [MIC] 0.25 microgram/mL) in axilla and nostrils before

treatment. Four resistant strains were detected, two intermediate-level (MIC 4-12 micrograms/mL) and two high-level (MIC > 32 micrograms/mL). Three of these strains were found in all the participants, and a ciprofloxacin-sensitive variant of one of the high-level resistant strains was also found before the start of the treatment. The high-level resistant strains were also resistant to methicillin, erythromycin, gentamicin, sulphonamide, and trimethoprim. A mean of 2.7 days after the start of the treatment, development of ciprofloxacin resistance was detected in S epidermidis from the axilla of all persons, compared with 11 days for the appearance of resistant S epidermidis in nostrils. The resistant strains persisted for an average of 37 and 39 days in axilla and nostrils, respectively, after the end of the treatment. INTERPRETATION: The rapid development of resistance to ciprofloxacin due to excretion of this drug into the sweat might be involved in the development of multiresistant S epidermidis and possibly other **skin** bacteria in hospitals and in communities with high use of ciprofloxacin or related drugs.

L37 ANSWER 58 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
1998043389 EMBASE [Change of sensitiveness of Escherichia coli isolates against ciprofloxacin between 1992 and 1996]. ANDERUNG DER EMPFINDLICHKEIT VON ESCHERICHIA-COLI-ISOLATEN GEGENUBER CIPROFLOXACIN ZWISCHEN 1992 UND 1996: EPIDEMIOLOGISCHE DATEN AUS EINEM KRANKENHAUS MIT MAXIMALVERSORGUNG. Wagner J.; Xander L.U.; Wendt C.. Dr. J. Wagner, Institut fur Infektionsmedizin, Abt. Med. Mikrobiol./Infekt-Immun., FB Humanmedizin der FU Berlin, Hindenburgdamm 27, 12203 Berlin, Germany. Chemotherapie Journal 6/4 (163-168) 1997.
Refs: 27.
ISSN: 0940-6735. CODEN: CHJOFT. Pub. Country: Germany. Language: German. Summary Language: English; German.
AB Ciprofloxacin-resistant Escherichia coli isolates increased from 1,7% to 8,0% at a large Berlin University hospital. Most of the resistant isolates came from urine specimens. The highest proportions of resistant isolates derived from the departments of nephrology/dialysis (1996: 15,5%) and urology (199: 12,2%). Other departments showed resistant isolates as well: internal medicine 9,8%, operative ICU 9.3%, internal ICU 8,9% **dermatology** 6,9%. Often the strains showed cross-resistance against ampicillin, ampicillin + sulbactram, tetracycline and TMP/SMZ. Consumption of **fluoroquinolones** at this hospital between 1992 to 1996 increased nearly fourfold. In order to maintain therapeutic effectiveness of **fluoroquinolones**, indications for their use must be strictly defined and the consumption restricted.

L37 ANSWER 59 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 9
97:443537 Document No.: 99742740. Antimicrobial agents for the **dermatologist**. I. beta-Lactam **antibiotics** and related compounds.. Epstein M E; Amodio-Groton M; Sadick N S. 772 Park Ave., New York, NY 10021, USA Journal of the American Academy of Dermatology, 37 (2 PART 1). 1997. 149-165. ISSN: 0190-9622. Language: English
AN 97:443537 BIOSIS
AB We review the newer antimicrobial agents that are being employed by **dermatologists** with increased frequency as well as some of the more commonly used older agents. Particular emphasis is based on selection factors such as causative pathogens and their resistance profiles, routes of administration, toxicity, drug interactions, and dosing requirements. Emphasis in this review is on the newer classes of antimicrobials such as third- and fourth-generation

cephalosporins; beta-lactam, beta-lactamase inhibitor combination agents; monobactams; carbapenems; macrolides; and **fluoroquinolones. Dermatologic** indications and treatment alternatives are highlighted; this will expand the practicing clinician's therapeutic armamentarium and enable him/her to make rational decisions concerning treatment approaches to infectious disease problems encountered in daily practice.

L37 ANSWER 60 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS
97:435594 Document No.: 99734797. **Antibiotic** use in the Australian community, 1990-1995.. McManus P; Hammond M L; Whicker S D; Primrose J G; Mant A; Fairall S R. Drug Utilization Sub-Committee, Dep. Health Family Serv., GPO Box 9848, Canberra, ACT 2601, Australia Medical Journal of Australia, 167 (3). 1997. 124-127. ISSN: 0025-729X. Language: English
AN 97:435594 BIOSIS
AB Objective: To determine the pattern of **antibiotic** use in the Australian community, 1990-1995, and compare it with the pattern in other developed countries. Design: Survey of data from the national database on drugs dispensed in Australia (1990-1995), an international database on retail drug sales (1985-1994), and Australian prescriber surveys (1994, 1995). Main outcome measures: National and international retail sales of oral **antibiotics** (defined daily doses (DDDs/1000 population/day) and **antibiotic** prescriptions dispensed through community pharmacies by drug type; **antibiotic** prescribing profiles for common conditions. Results: **Antibiotic** use in Australia remained steady between 1990 and 1995, with an estimated 24.7 DDDs/1000 population/day dispensed through community pharmacies in 1990 and 24.8 DDDs/1000 population/day in 1995. Amoxycillin, although declining in use, remained the most dispensed **antibiotic**. Compared with the other countries surveyed, Australia had the highest percentage use of tetracyclines, such as doxycycline, and the lowest percentage use of **fluoroquinolones**. Use of trimethoprim-sulfamethoxazole and flucloxacillin declined in Australia. In new cases of upper respiratory tract infection or pharyngitis, an **antibiotic** prescription was recorded for 57% of urban patient encounters and 73% of rural patient encounters. Conclusions: **Antibiotic** use in Australia is high, as in many other developed countries, but did not increase between 1990 and 1995. The overall profile of **antibiotic** use in Australia by drug class was similar to that in the United Kingdom. **Antibiotics** were still commonly prescribed for upper respiratory tract infection (which is usually viral), more commonly by rural than by urban general practitioners.

L37 ANSWER 61 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 10
1998:84102 Document No. 128:212730 Phototoxicity in quinolones: comparison of ciprofloxacin and grepafloxacin. Ferguson, J.; Dawe, R. (Photobiology Unit, Dep. Dermatology, Ninewells Hospital, Dundee, DD1 9SY, UK). J. Antimicrob. Chemother., 40(Suppl. A), 93-98 (English) 1997. CODEN: JACHDX. ISSN: 0305-7453. Publisher: Oxford University Press.
AB **Skin** photosensitizing reactions have been reported during treatment with **fluoroquinolone antibiotics**. The incidence and severity of such reactions, however, appear to differ between agents. The photosensitizing effect of grepafloxacin 400 and 600 mg once daily was compared with that of ciprofloxacin 500 mg bd and placebo in a double-blind trial involving 32 healthy subjects. **Skin** photosensitivity, expressed as the minimal erythemal dose (MED), was measured before treatment and towards the

end of the 7 day treatment period. Grepafloxacin showed a mild photosensitizing effect comparable to that of ciprofloxacin, with significant redns. in MED at 335 .+-. 30 and 365 .+-. 30 nm. However, few subjects showed MEDs outside the normal range, and MEDs consistently returned to baseline values within 1 wk of stopping treatment. No significant differences between the effects of grepafloxacin and ciprofloxacin could be obsd. It is concluded that grepafloxacin has a weak, UVA-dependent and rapidly reversible photosensitizing effect.

L37 ANSWER 62 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97242785 EMBASE Topical quinolone nadifloxacin (OPC-7251) in bacterial **skin** disease: Clinical evaluation in a multicenter open trial and in vitro antimicrobiological susceptibility testing. Haustein U.-F.; Nenoff P.; Hittel N.; Klovekorn W.; Krieg T.; Plewig G.; Ponce-Poschl E.; Ruzicko T.; Tannenberg H.; Thummes R.; Wolff H.. Prof. U.-F. Haustein, Department of Dermatology, University of Leipzig, Liebigstr. 21, D-04103 Leipzig, Germany, Federal Republic of. Journal of Dermatological Treatment 8/2 (87-92) 1997.
Refs: 11.
ISSN: 0954-6634. CODEN: JDTREY. Pub. Country: United Kingdom.
Language: English. Summary Language: English.
AB Nadifloxacin (OPC-7251) is a topical **fluoroquinolone** which inhibits the configuration of supercoiled DNA by DNA gyrase. Previous studies have shown the efficacy of this topical agent in acne vulgaris. The purpose of this open study (clinical phase II) was to investigate the clinical efficacy and tolerability of nadifloxacin 1% cream applied topically in 101 patients with impetigo, secondarily infected wounds, folliculitis and sycosis vulgaris, and impetiginized **dermatitis**. Efficacy was assessed by counts of lesions and crusts, evaluation of objective and subjective symptoms, and microbiological isolation and identification of aerobic and anaerobic bacteria at baseline and at the end (day 7, or 14, respectively) of the study. The antibacterial activity of nadifloxacin against isolated bacterial strains was also tested in vitro by an agar dilution technique. Nadifloxacin treatment led to a statistically significant reduction in the degree of erythema, exudation, swelling, pain, pruritus, erosion, crusts and scaling and eradication of causative bacteria was achieved. Three patients reported adverse effects (itching, erythema and inflammatory swelling each in one patient). Physicians' judgement on efficacy and tolerability was 'very good' or 'good' in 92% of the patients. Nadifloxacin was active against all aerobic and anaerobic isolates. Causative Staphylococcus aureus, .beta.-hemolytic streptococci and coagulase-negative staphylococci were eradicated in 83%, 100% and 68% of patients, respectively. Minimum inhibitory concentrations were 0.05-0.02 .mu.g/ml for S. aureus, 0.05-3.13 .mu.g/ml for coagulase-negative staphylococci, 0.05-0.78 .mu.g/ml for .beta.-hemolytic streptococci and 0.05-0.78 .mu.g/ml for Propionibacterium acnes. All organisms isolated from the lesions before and at the end of the study were highly sensitive and none was resistant to nadifloxacin. In summary, nadifloxacin, a topical quinolone, is a new alternative for topical **antibiotic** treatment in bacterial **skin** infection.

L37 ANSWER 63 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 11
1997:451955 Document No. 127:156292 A study of the phototoxic potential of trovafloxacin in BALB/c mice. Mayne, James T.; Johnson, Nancy J.; Kluwe, William M.; Lencoski, Dianna L.; Polzer, Robert J. (Central Research Division, Pfizer Inc., Groton, CT, 06340, USA). J. Antimicrob. Chemother., 39(Suppl. B), 67-73

(English) 1997. CODEN: JACHDX. ISSN: 0305-7453. Publisher: Oxford University Press.

AB Trovafloxacin, a broad-spectrum naphthyridone antimicrobial agent, was evaluated for potential phototoxicity in a standardized in-vivo test system that has been used previously to assess quinolone **antibiotics**. Fasted BALB/c mice were given a single oral dose of either trovafloxacin mesylate (10, 30, 90 or 250 mg/kg) or the pos. control lomefloxacin hydrochloride (71 mg/kg) and immediately exposed to long-wave UV (UVA) light. Animals were irradiated for 4 h, equal to a total UV light irradn. of approx. 18 J/cm2. Before dosing, at the end of the irradn. period and at approx. 24, 48, 72 and 96 h after dosing, both ears of each mouse were evaluated for changes indicative of a pos. response: erythema, edema or a measurable increase in ear thickness. Under the conditions of this study, trovafloxacin produced a mild response (erythema and a slight increase in ear thickness) in mice given a dose of 90 or 250 mg/kg; no significant response was obsd. in mice given either lower doses (10 or 30 mg/kg) or the vehicle. In contrast, 71 mg/kg of lomefloxacin produced a strong and persistent phototoxic response. The results of this study demonstrate that the phototoxic potential of trovafloxacin is considerably less than that of lomefloxacin and, when compared with similar studies with related compds., suggest that trovafloxacin is among the least phototoxic of the **fluoroquinolone** class.

L37 ANSWER 64 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 12

1997:626000 Document No. 127:272014 Pharmacokinetics of **fluoroquinolones** in the treatment of various diseases. Yakovlev, V. P.; Izotova, G. N.; Yakovlev, S. V. (Inst. Khirurg.im. A. V. Vishnevskogo, RAMN, Moscow, Russia). Antibiot. Khimioter., 42(1), 23-29 (Russian) 1997. CODEN: ANKHEW. ISSN: 0235-2990. Publisher: Izdatel'stvo Media Sfera.

AB A review with 49 refs. on the pharmacokinetic characteristics of **fluoroquinolones** in the treatment of patients with various diseases such as diseases accompanied by hepatic insufficiency, mucoviscidosis, diseases in elderly patients, lower respiratory tract infection, septicemia, **skin** infection. Infection requiring correction of the routine treatment regiments are indicated.

L37 ANSWER 65 OF 214 CAPLUS COPYRIGHT 1998 ACS

1997:489515 Formation of 8-oxoguanine from the invitro UVA irradiation of calf-thymus DNA and quinolones.. Spratt, Thomas E.; Levy, Douglas E.; Chen, Di; Schluter, Gerhardt; Williams, Gary M. (American Health Foundation, Valhalla, NY, 10595, USA). Book of Abstracts, 214th ACS National Meeting, Las Vegas, NV, September 7-11, TOXI-018. American Chemical Society: Washington, D. C. (English) 1997. CODEN: 64RNAO.

AB Some **fluoroquinolone antibiotics** produce **skin** inflammatory response when exposed to sunlight. These quinolones have been shown to produce oxidative DNA damage in rat liver cells in culture following the administration of UVA. To elucidate the mechanism of formation of oxidative DNA damage, we examd. the dose response of the the formation of 8-oxo-2'-deoxyguanosine (8-oxo-dG) in vitro. The relative amts. of 8-oxo-dG produced in these in vitro reactions were similar to that obsd. in the cell culture reactions: Bayer Y3118 > lomefloxacin > ciprofloxacin > Bayer 12-8039. The amt. of 8-oxo-dG was dependent on the substitutent at the 8-position of the quinolone (Cl > F > H > CH3O). This order correlated with the photolability of the compds. Exclusion of oxygen from the reaction decreased the formation of

8-oxo-dG by 50% indicating that there are oxygen dependent and independent pathways leading to DNA damage. The addn. of singlet oxygen and radical scavengers both decreased the amt. of 8-oxo-dG formation indicating the presence of radical and singlet oxygen pathways for the formation of oxidative DNA damage.

L37 ANSWER 66 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
97291617 EMBASE Corneal and conjunctival infections. Brodovsky S.C.; Snibson G.R.. S.C. Brodovsky, Department of Ophthalmology, University of Melbourne, 32 Gisborne Street, Melbourne, Vic. 3002, Australia. Current Opinion in Ophthalmology 8/4 (2-7) 1997.
Refs: 43.
ISSN: 1040-8738. CODEN: COOTEF. Pub. Country: United States.
Language: English. Summary Language: English.
AB Recent advances in the field of infectious conjunctivitis and keratitis include new diagnostic methods, the identification of new pathogens, and novel therapeutic agents. Tandem confocal microscopy has been used to diagnose Acanthamoeba keratitis, and polymerase chain reaction has proven to be a rapid and sensitive technique for detecting specific viral antigens, particularly in cases where cultures yield no growth. Two new antiviral agents, ganciclovir and carbocyclic oxetanocin G, have been shown to be as effective as acyclovir in treating herpetic epithelial disease. The **fluoroquinolones**, especially ofloxacin, have become the antimicrobial agents of choice in the initial management of selected cases of bacterial keratitis.

L37 ANSWER 67 OF 214 USPATFULL
96:111461 Quinolizinone type compounds.
Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
US 5580872 961203
APPLICATION: US 94-316319 940930 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, preferred examples of which include those compounds wherein

A is .dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 68 OF 214 USPATFULL
96:108941 Anti-gram-positive bacterial methods and materials.
Horwitz, Arnold, Los Angeles, CA, United States
Lambert, Jr., Lewis H., Fremont, CA, United States
Little, II, Roger G., Benicia, CA, United States
Xoma Corporation, Berkeley, CA, United States (U.S. corporation)
US 5578572 961126
APPLICATION: US 95-372783 950113 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention relates to methods of treating gram-positive bacterial infections by administration of a BPI protein product alone, or in combination with an **antibiotic**. BPI protein product alone has a bactericidal or growth inhibitory effect on selected gram-positive organisms. BPI protein product also increases the susceptibility of gram-positive organisms to **antibiotics** and can even reverse resistance of gram-positive organisms to **antibiotic**.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 69 OF 214 USPATFULL
96:103962 .beta.-substituted cinnamic acid derivative.
Sauter, Hubert, Mannheim, Germany, Federal Republic of
Bayer, Herbert, Ludwigshafen, Germany, Federal Republic of
Oberdorf, Klaus, Heidelberg, Germany, Federal Republic of
Wingert, Horst, Mannheim, Germany, Federal Republic of
von Deyn, Wolfgang, Neustadt, Germany, Federal Republic of
Grammenos, Wassilios, Ludwigshafen, Germany, Federal Republic of
Koenig, Hartmann, Limburgerhof, Germany, Federal Republic of
Rang, Harald, Ludwigshafen, Germany, Federal Republic of
Roehl, Franz, Ludwigshafen, Germany, Federal Republic of
Lorenz, Gisela, Neustadt, Germany, Federal Republic of
Ammermann, Eberhard, Ludwigshafen, Germany, Federal Republic of
BASF Aktiengesellschaft, Ludwigshafen, Germany, Federal Republic of (non-U.S. corporation)
US 5573999 961112
APPLICATION: US 95-441639 950515 (8)
PRIORITY: DE 91-4124989 910727
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB .beta.-Substituted cinnamic acid derivatives of the formula 1, ##STR1## where R.sup.1 is alkyl, chlorine or bromine, --X-- is --O--, --S--, ##STR2## m is 0 or 1, --Y is --OR.sup.4, --O--N.dbd.CR.sup.5 R.sup.6, --NR.sup.7 R.sup.8, --N(OR.sup.9)R.sup.10 or --SR.sup.11, where the above-mentioned substituents R.sup.2 to R.sup.11 are alkyl, and R.sup.2, and R.sup.3 and R.sup.5 to R.sup.11 can also be hydrogen,

Z is halogen, nitro, cyano, alkyl, cycloalkyl, aralkyl, aryloxyalkyl, arylthioalkyl, hetarylalkyl, hetaryloxyalkyl, hetarylthioalkyl, alkenyl, aralkenyl, aryloxyalkenyl, arylthioalkenyl, hetarylalkenyl, hetaryloxyalkenyl, hetarylthioalkenyl, alkynyl, arylalkynyl, hetarylalkynyl, aryl, hetaryl, arylazo, acylamino, --OR.sup.12, --SR.sup.13, --SOR.sup.14, --SO.sub.2 R.sup.15, --COOR.sup.16, --CONR.sup.17

R.sup.18, --COR.sup.19, --CR.sup.20 .dbd.NR.sup.21, --N.dbd.CR.sup.22, R.sup.23, --CR.sup.24 .dbd.N--OR.sup.25, --CR.sup.25 R.sup.26 --O--, N.dbd.CR.sup.27 R.sup.28, --CH.sub.2 --OCOR.sup.39 or --NR.sup.37 R.sup.38, where R.sup.2 and R.sup.38 and R.sup.39 are hydrogen, alkyl, alkenyl, alkynyl, cycloalkyl, cycloalkylalkyl, aryl, hetaryl, aralkyl, hetarylalkyl, aryloxyalkyl, arylthioalkyl, hetaryloxyalkyl or hetarylthioalkyl, and r.sup.37 is hydrogen or C.sub.1 -C.sub.4 -alkyl, are useful as fungicides and insecticides.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 70 OF 214 USPATFULL
96:67677 Personal treatment compositions and/or cosmetic compositions containing enduring perfume.
Trinh, Toan, Maineville, OH, United States
Bacon, Dennis R., Milford, OH, United States
Trandai, Angie, West Chester, OH, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5540853 960730
APPLICATION: US 94-326457 941020 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Personal treatment compositions including cleansing and/or cosmetic compositions are disclosed, the cleansing compositions, for example, comprising from about 0.001% to about 10%, preferably from about 0.005% to about 6%, enduring perfume; from about 0.01% to about 95% surfactant system; and the balance carrier. The enduring perfume provides a lasting olfactory sensation thus minimizing the need to use large amounts. Preferred compositions are liquid and comprise water as a carrier.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 71 OF 214 USPATFULL
96:55870 Antimicrobial quinolonyl lactams.
Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5530116 960625
APPLICATION: US 94-361919 941222 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam compounds comprising a lactam-containing moiety linked to a quinolone moiety, of the formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, and R.sup.4 generally form any of a variety of quinolone, naphthyridine or related cyclic moieties known in the art to have antimicrobial activity; and

(2) R.sup.6 is part of a linking moiety, linking the quinolone moiety to a lactam-containing moiety having the formula: ##STR2## wherein (3) R.sup.10, R.sup.11, R.sup.12, R.sup.13, and R.sup.14, together with bonds "a" and "b", form any of a variety of lactam-containing moieties known in the art to have antimicrobial activity; and

(4) the linking moiety includes (for example) carbamate, dithiocarbamate, urea, thiourea, isouronium, isothiouronium,

guanidine, carbonate, trithiocarbonate, reversed carbamate, xanthate, reversed isouronium, reversed dithiocarbamate, reversed isothiouronium, amine, imine, ammonium, heteroarylium, ether, thioether, ester, thioester, amide, and hydrazide groups.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 72 OF 214 USPATFULL
96:55857 Methods and compositions for the direct concentrated delivery of passive immunity.
Gristina, Anthony G., 11605 Deer Forest Rd., Reston, VA, United States 22094
Myrvik, Quentin N., 404 Palmetto Dr., Caswell Beach, NC, United States 28465
US 5530102 960625
APPLICATION: US 95-441299 950515 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compositions containing a high concentration of the full repertoire of immunoglobulins, including IgA, IgM and IgG, are used to combat infections from microorganisms and viruses at a wound, surgical, or burn site, or normal tissue at times of risk of infection. The compositions can contain elevated antibody titers for several specific pathogens including S. aureus, CNS, Enterococci, S. epidermidis, P. aeruginosa, E. coli, and Enterobacter spp., etc. The compositions are applied directly to a wound or burn site as an ointment, creme, fluid, spray, or the like, prior to viral or bacterial attachment or biofilm formation such that adhesion of the pathogens is inhibited and the pathogens closest to the wound or burn site will be pre-opsonized for phagocytic killing prior to toxin release. The immunoglobulins in the composition can be immobilized on a biocompatible material such as collagen, fibrin, hyaluronan, biodegradable polymers, and fragments thereof, which will be placed in-situ at the wound, surgical or burn site. In addition, the immunoglobulins in the composition may be coated on the body contacting surface of an implantable device such as a catheter, contact lens or total joint. The inventive compositions have particular application in preventing infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 73 OF 214 USPATFULL
96:29278 Method and compositions for the direct concentrated delivery of passive immunity.
Gristina, Anthony G., Reston, VA, United States
Myrvik, Quentin N., Caswell Beach, NC, United States
Medical Sciences Research Institute, Herndon, VA, United States (U.S. corporation)
US 5505945 960409
APPLICATION: US 94-295482 940825 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compositions containing a high concentration of the full repertoire of immunoglobulins, including IgA, IgM and IgG, are used to combat infections from microorganisms and viruses at a wound, surgical, or burn site, or normal tissue times of risk of infection. The compositions can contain elevated antibody titers for several specific pathogens including S. aureus, Coagulase Negative Staphylococci Enterococci, S. epidermidis, P. aeruginosa, E. coli, and Enterobacter spp., etc. The compositions are applied

directly to a wound or burn site as an ointment, creme, fluid, spray, or the like, prior to viral or bacterial attachment or biofilm formation such that adhesion of the pathogens is inhibited and the pathogens closest to the wound or burn site will be pre-opsonized for phagocytic killing prior to toxin release. The immunoglobulins in the composition can be immobilized on a biocompatible material such as collagen, fibrin, hyaluronan, biodegradable polymers, and fragments thereof, which will be placed in-situ at the wound, surgical or burn site. In addition, the immunoglobulins in the composition may be coated on the body contacting surface of an implantable device such as a catheter, contact lens or total joint. The inventive compositions have particular application in preventing infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 74 OF 214 USPATFULL
96:12860 Antimicrobial quinolonyl lactams.
Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
US 5491139 960213
APPLICATION: US 94-224120 940406 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam compounds comprising a lactam-containing moiety linked, by a non-ester linking moiety, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form any of a variety of lactam-containing moieties similar to those known in the art to have antimicrobial activity;

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or naphthyridine structures similar to those known in the art to have antimicrobial activity; and

(3) Y, together with R.sup.5, form a variety of non-ester linking moieties between the lactam-containing moiety and the quinolone moiety.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 75 OF 214 MEDLINE
97113985 Document Number: 97113985. Characterization of peripheral-compartment kinetics of **antibiotics** by in vivo microdialysis in humans. Muller M; Haag O; Burgdorff T; Georgopoulos A; Weninger W; Jansen B; Stanek G; Pehamberger H; Agneter E; Eichler H G. (Department of Clinical Pharmacology, University of Vienna, Austria.)ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1996 Dec) 40 (12) 2703-9. Journal code: 6HK. ISSN: 0066-4804. Pub. country: United States. Language: English.
AB The calculation of pharmacokinetic/pharmacodynamic surrogates from concentrations in serum has been shown to yield important information for the evaluation of **antibiotic** regimens. Calculations based on concentrations in serum, however, may not necessarily be appropriate for peripheral-compartment infections. The aim of the present study was to apply the microdialysis technique for the study of the peripheral-compartment pharmacokinetics of select **antibiotics** in humans.

Microdialysis probes were inserted into the skeletal muscle and adipose tissue of healthy volunteers and into inflamed and noninflamed dermis of patients with cellulitis. Thereafter, volunteers received either cefodizime (2,000 mg as an intravenous bolus; n = 6), cefpirome (2,000 mg as an intravenous bolus; n = 6), fleroxacin (400 mg orally n = 6), or dirithromycin (250 mg orally; n = 4); the patients received phenoxymethylpenicillin (4.5 x 10(6) U orally; n = 3). Complete concentration-versus-time profiles for serum and tissues could be obtained for all compounds. Major pharmacokinetic parameters (elimination half-life, peak concentration in serum, time to peak concentration, area under the concentration-time curve [AUC], and AUC/MIC ratio) were calculated for tissues. For cefodizime and cefpirome, the AUCtissue/AUCserum ratios were 0.12 to 0.35 and 1.20 to 1.79, respectively. The AUCtissue/AUCserum ratios were 0.34 to 0.38 for fleroxacin and 0.42 to 0.49 for dirithromycin. There was no visible difference in the time course of phenoxymethylpenicillin in inflamed and noninflamed dermis. We demonstrated, by means of microdialysis, that the concept of pharmacokinetic/pharmacodynamic surrogate markers for evaluation of **antibiotic** regimens originally developed for serum pharmacokinetics can be extended to peripheral-tissue pharmacokinetics. This novel information may be useful for the rational development of dosage schedules and may improve predictions regarding therapeutic outcome.

L37 ANSWER 76 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
96301254 EMBASE Prevention and treatment of drug-resistant tuberculosis. Humma L.M.. Department of Clinical Pharmacy, Medical College of Georgia, Augusta, GA 30912, United States. American Journal of Health-System Pharmacy 53/19 (2291-2298) 1996. ISSN: 1079-2082. CODEN: AHSPEK. Pub. Country: United States. Language: English. Summary Language: English.

AB Therapy recommended for preventing and treating drug-resistant tuberculosis is discussed. Drug-resistant strains of Mycobacterium tuberculosis can be transmitted by an infected individual, or resistance can be acquired during therapy for drug-susceptible disease. At least until susceptibility test data are available, the recommended initial treatment for tuberculosis consists of isoniazid, rifampin, pyrazinamide, and either ethambutol or streptomycin. Resistance has led to variations on this regimen that sometimes include more toxic alternative drugs, including ethionamide, aminosalicylic acid, cycloserine, and capreomycin, as well as ciprofloxacin and ofloxacin. Drug regimens used for retreatment usually include the alternative drugs. Success in treating drug-resistant tuberculosis varies. Therapy to prevent resistant tuberculosis is recommended for any individual with a positive **skin**-test result and any of the following: infection with the human immunodeficiency virus (HIV), close contact with a newly diagnosed patient, recent conversion to a positive **skin**-test result, or a predisposing medical condition. Although isoniazid is the only drug with FDA-approved labeling for use as prophylaxis in patients with latent tuberculosis, the Centers for Disease Control and Prevention suggests several two-drug combinations. **Fluoroquinolones** are recommended for both treatment and prevention. Patient compliance and HIV infection are special issues in managing resistant tuberculosis. Drug-resistant tuberculosis is a growing problem that must be addressed through appropriate prophylactic and treatment measures.

L37 ANSWER 77 OF 214 MEDLINE
97032847 Document Number: 97032847. Bactericidal activity of single

dose of clarithromycin plus minocycline, with or without ofloxacin, against Mycobacterium leprae in patients [see comments]. Ji B; Jamet P; Perani E G; Sow S; Lienhardt C; Petinon C; Grosset J H. (Faculte de Medecine Pitie-Salpetri`ere, Paris, France.)ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1996 Sep) 40 (9) 2137-41. Journal code: 6HK. ISSN: 0066-4804. Pub. country: United States. Language: English.

AB Fifty patients with newly diagnosed lepromatous leprosy were allocated randomly to one of five groups and treated with either a month-long standard regimen of multidrug therapy (MDT) for multibacillary leprosy, a single dose of 600 mg of rifampin, a month-long regimen with the dapsone (DDS) and clofazimine (CLO) components of the standard MDT, or a single dose of 2,000 mg of clarithromycin (CLARI) plus 200 mg of minocycline (MINO), with or without the addition of 800 mg of ofloxacin (OFLO). At the end of 1 month, clinical improvement accompanied by significant decreases of morphological indexes in **skin** smears was observed in about half of the patients of each group. A significant bactericidal effect was demonstrated in the great majority of patients in all five groups by inoculating the footpads of mice with organisms recovered from biopsy samples obtained before and after treatment. Rifampin proved to be a bactericidal drug against Mycobacterium leprae more potent than any combination of the other drugs. A single dose of CLARI-MINO, with or without OFLO, displayed a degree of bactericidal activity similar to that of a regimen daily of doses of DDS-CLO for 1 month, suggesting that it may be possible to replace the DDS and CLO components of the MDT with a monthly dose of CLARI-MINO, with or without OFLO. However, gastrointestinal adverse events were quite frequent among patients treated with CLARI-MINO, with or without OFLO, and may be attributed to the higher dosage of CLARI or MINO or to the combination of CLARI-MINO plus OFLO. In future trials, therefore, we propose to reduce the dosages of the drugs to 1,000 mg of CLARI, 100 mg of MINO, and 400 mg of OFLO.

L37 ANSWER 78 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS

97:66383 Document No.: 99365586. Diagnosis and treatment of cutaneous tuberculosis.. Weilbach C; Schirren C G; Jansen T; Degitz K. Dermatol. Klin. Poliklin. Univ., Frauenlobstr. 9-11, 80337 Muenchen, Germany DMW (Deutsche Medizinische Wochenschrift), 121 (40). 1996. 1231-1235. ISSN: 0012-0472. Language: German

AN 97:66383 BIOSIS

L37 ANSWER 79 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.

96171419 EMBASE Ciprofloxacin. An updated review of its pharmacology, therapeutic efficacy and tolerability. Davis R.; Markham A.; Balfour J.A.; Ball P.; Cruciani M.; Garau J.; Goldstein F.W.; Gotuzzo E.; Guay D.R.P.; Hoiby N.; Malena M.; O'Neil J.; Raz R.; Schaad U.B.; Thys J.P.; Wise R.. Adis International Limited, 41 Centorian Drive, Mairangi Bay, Auckland 10, New Zealand. Drugs 51/6 (1019-1074) 1996.
ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.

AB Ciprofloxacin is a broad spectrum **fluoroquinolone** antibacterial agent. Since its introduction in the 1980s, most Gram-negative bacteria have remained highly susceptible to this agent in vitro; Gram-positive bacteria are generally susceptible or moderately susceptible. Ciprofloxacin attains therapeutic concentrations in most tissues and body fluids. The results of clinical trials with ciprofloxacin have confirmed its clinical efficacy and low potential for adverse effects. Ciprofloxacin is effective in the treatment of a wide variety of infections, particularly those caused by Gram-negative pathogens. These include

complicated urinary tract infections, sexually transmitted diseases (gonorrhoea and chancroid), **skin** and bone infections, gastrointestinal infections caused by multiresistant organisms, lower respiratory tract infections (including those in patients with cystic fibrosis), febrile neutropenia (combined with an agent which possesses good activity against Grampositive bacteria), intra-abdominal infections (combined with an antianaerobic agent) and malignant external otitis. Ciprofloxacin should not be considered a first-line empirical therapy for respiratory tract infections if penicillin-susceptible Streptococcus pneumoniae is the primary pathogen; however, it is an appropriate treatment option in patients with mixed infections (where S. pneumoniae may or may not be present) or in patients with predisposing factors for Gram-negative infections. Clinically important drug interactions involving ciprofloxacin are well documented and avoidable with conscientious prescribing. Recommended dosage adjustments in patients with impaired renal function vary between countries; major adjustments are not required until the estimated creatinine clearance is < 30 ml/min/1.73 m2 (or when the serum creatinine level is .gtoreq. 2 mg/dl). Ciprofloxacin is one of the few broad spectrum antibacterials available in both intravenous and oral formulations. In this respect, it offers the potential for cost savings with sequential intravenous and oral therapy in appropriately selected patients and may allow early discharge from hospital in some instances. In conclusion, ciprofloxacin has retained its excellent activity against most Gram-negative bacteria, and fulfilled its potential as an important antibacterial drug in the treatment of a wide range of infections. Rational prescribing will help to ensure that continued clinical usefulness of this valuable antimicrobial drug.

L37 ANSWER 80 OF 214 MEDLINE

97111951 Document Number: 97111951. [The genotoxic effect of ciprofloxacin on cultured cells from the kangaroo rat kidney and on **skin** fibroblasts from the Indian muntjac]. Issledovanie genotoksicheskogo vliianiia tsiprofloksatsina na kul'tiviruemye kletki pochki kengurovoi krysy i fibroblasty kozhi indiiskogo muntzhaka. Polianskaia G G; Sizova L S. TSITOLOGIIA, (1996) 38 (9) 958-73. Journal code: WGW. ISSN: 0041-3771. Pub. country: RUSSIA: Russian Federation. Language: Russian.

AB The genotoxicity of an **antibiotic** ciprofloxacin (CF) in doses of 10, 25, 50 and 100 mkg/ml under its short-term (6-48 h) and long-term (15-30 days) action on sublines of Rat kangaroo kidney, NBL-3-11, and Indian muntjak **skin** fibroblasts has been studied. The emergence of genotoxic effect depends on the dose and time of ciprofloxacin action on both the sublines, but the degree of this effect does not depend on these parameters directly. Ciprofloxacin exerts no influence on cell distribution for chromosome number in subline NBL-3-11, and increases heterogeneity of this parameter in the subline of Indian muntjac **skin** fibroblasts in 30 days after its addition in doses of 25 and 50 mkg/ml. The degree of increase of chromosomal aberrations in the subline of Indian muntjak **skin** fibroblasts was in average 1.5 times more than in NBL-3-11 in all examined variants compared to the control. The minimum **antibiotic** dose that induced chromosomal aberrations was 25 mkg/ml in the subline of NBL-3-11 under a short-term action and 50 mkg/ml under a long-term action. For the subline of Indian muntjac **skin** fibroblasts the minimum inducing dose was 50 mkg/ml irrespective of the duration of action, except the case of 15 days, when the number of dicentrics increased still at 25 mkg/ml. In both sublines with the duration of

ciprofloxacin action within 6-24 h the replacement of chromatid aberrations by chromosomal aberrations occurred. Under a long-term ciprofloxan action differences in types of chromosomal aberrations were discovered: for subline NBL-3-11 these were mainly chromosomal breaks; in the case of muntjac cells both chromosomal breaks and dicentrics (telomeric associations) occurred. The preferential involvement of some chromosomes in dicentric formation was observed. In cells of the muntjac subline, unlike NBL-3-11, the sensitivity of individual chromosomes to ciprofloxacin-induced breaks differed from that to spontaneous breaks. In both the sublines ciprofloxacin induces chromosomal breaks mainly in definite regions of chromosomes. Possible reasons of differences between the examined sublines towards the character of chromosomal instability are discussed in addition to the role of dicentrics as a proposed adaptation of cells to unfavourable factors of the environment.

L37 ANSWER 81 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 13
1997:901 Document No. 126:84126 Effect of magnesium and calcium complexation on the photochemical properties of norfloxacin. Martinez, Lydia; Bilski, Piotr; Chignell, Colin F. (Lab. Molecular Biophys., National Inst. Environmental Health Sci., Research Triangle Park, NC, USA). Photochem. Photobiol., 64(6), 911-917 (English) 1996. CODEN: PHCBAP. ISSN: 0031-8655. Publisher: American Society for Photobiology.

AB The **fluoroquinolone antibiotics** can induce **skin** photosensitivity in some patients and this has been ascribed to the generation of reactive oxygen species, such as singlet oxygen (O2[1.DELTA.g]). We have studied the photochem. properties of the different ionized forms of the **fluoroquinolone** norfloxacin upon complexation with Mg2+ and Ca2+ ions, as it is proposed that the **antibiotic** exists mainly as a complex in the blood plasma. We found that the norfloxacin cation (pH < 6) shows no photodegrdn. after UVA irradn. and has a low quantum yield of O2(1.DELTA.g) generation. The norfloxacin cation does not complex Ca2+ or Mg2+ ions; when these ions are added to the soln., we obsd. no changes in the fluorescence quantum yields (.PHI.flu) and singlet oxygen yields (.PHI..DELTA.). In contrast, the neutral (6 .ltoreq. pH .ltoreq. 8.5) and anionic (pH > 9) forms of norfloxacin are able to complex calcium and magnesium, and their generation of O2 (1.DELTA.g) is decreased by complexation. The neutral zwitterionic form and the anionic form also quench singlet oxygen by both chem. and phys. pathways regardless of complex formation, while phys. quenching is obsd. for the cation. At pH .gtoreq. 7.4, norfloxacin photobleaches and complexation to Ca2+ and Mg2+ increases the rate at which photobleaching occurs. Thus, both the pH of the medium and complexation with metal cations may affect the phototoxic potential of this **antibiotic**.

L37 ANSWER 82 OF 214 MEDLINE DUPLICATE 14
97108522 Document Number: 97108522. [Empirical antimicrobial therapy in neutropenic patients]. Empirische antimikrobielle Therapie bei neutropenischen Patienten. Maschmeyer G. (Virchow-Klinikum, Berlin.)THERAPEUTISCHE UMSCHAU, (1996 Nov) 53 (11) 854-62. Ref: 36. Journal code: VPT. ISSN: 0040-5930. Pub. country: Switzerland. Language: German.

AB Infectious complications emerge in more than 80% of neutropenic patients after intensive antineoplastic therapy. Empirical antimicrobial intervention is mandatory, and initial administration of an antipseudomonal betalactam in combination with an aminoglycoside represents the most widely applied standard regimen.

At least in patients with short-term neutropenia, also an initial betalactam monotherapy is accepted. Symptoms of **skin** or venous-catheter-related infection should prompt the addition of a glycopeptide, whereas in case of lung infiltrates, amphotericin B should be administered at least after 96 h. of nonresponse to the **antibiotic** first-line therapy. In nonresponders with persisting fever of unknown origin, carbapenems or **fluoroquinolones** in combination with a glycopeptide might be considered for second-line treatment. The supplementation of a recombinant hematopoietic growth factor [G-CSF or GM-CSF] shows no significant benefit and should be restricted to controlled clinical studies. In case of good clinical response, the established antimicrobial treatment regimen should be continued for at least seven days in persistently neutropenic patients.

L37 ANSWER 83 OF 214 CAPLUS COPYRIGHT 1998 ACS
1996:704610 Document No. 126:152411 Photohaptenic properties of **fluoroquinolones**. Tokura, Yoshiki; Nishijima, Takafumi; Yagi, Hiroaki; Furukawa, Fukumi; Takigawa, Masahiro (Department Dermatolgoy, Hamamatsu University School Medicine, Hamamatsu, 431-31, Japan). Photochem. Photobiol., 64(5), 838-844 (English) 1996. CODEN: PHCBAP. ISSN: 0031-8655. Publisher: American Society for Photobiology.

AB Although quinolone antibacterial agents have both phototoxicity and photoallergenicity, the latter's potency has been poorly investigated compared with the former's. Some of the photoallergic chems. serve as photohaptens, which lead to T-cell-mediated immune reactions after photobinding to protein by UVA radiation. We examd. the photohaptenic potential of **fluoroquinolones**, including lomefloxacin (LFLX), ciprofloxacin, norfloxacin, ofloxacin, levofloxacin, fleroxacin, enoxacin and sparfloxacin (SPFX). The absorption spectra of the quinolones were altered by UVA irradn., with an exception of SPFX that seems to be photostable toward UVA. Bovine serum albumin and murine epidermal cells were coupled with these **fluoroquinolones** other than SPFX by exposure to UVA. S.c. inoculation of **fluoroquinolone**-photomodified epidermal cells induced and elicited a delayed-type hypersensitivity reaction in mice. However, epidermal cells incubated with LFLX without UVA exposure also induced and elicited a significant hypersensitivity reaction to a lesser degree than LFLX-photomodified epidermal cells. Furthermore, there was cross-reactivity between LFLX-photomodified epidermal cells and simply LFLX-incubated cells. This suggests that cells can be weakly modified with LFLX even in the dark and that UVA irradn. promotes this modification. Our study demonstrated that **fluoroquinolones** have photohaptenic properties to which their photoallergenicity is probably ascribed.

L37 ANSWER 84 OF 214 MEDLINE
97072997 Document Number: 97072997. Blastomycosis-like pyoderma (Pyoderma vegetans) responding to **antibiotics** and topical disodium chromoglycate. Rongioletti F; Semino M; Drago F; Blangetti M G; Rebora A. (Department of Dermatology, University of Genoa, Italy.)INTERNATIONAL JOURNAL OF DERMATOLOGY, (1996 Nov) 35 (11) 828-30. Journal code: GR2. ISSN: 0011-9059. Pub. country: United States. Language: English.

L37 ANSWER 85 OF 214 MEDLINE
97034119 Document Number: 97034119. An unusual case of refractory Campylobacter jejuni infection in a patient with X-linked agammaglobulinemia: successful combined therapy with maternal plasma and ciprofloxacin. Autenrieth I B; Schuster V; Ewald J; Harmsen D;

Kreth H W. (Institut fur Hygiene und Mikrobiologie, Universitat Wurzburg, Germany.)CLINICAL INFECTIOUS DISEASES, (1996 Sep) 23 (3) 526-31. Journal code: A4J. ISSN: 1058-4838. Pub. country: United States. Language: English.

AB An unusual hippurate-negative strain of Campylobacter jejuni caused a chronic refractory infection in a patient with X-linked agammaglobulinemia; this infection persisted for > 2 years despite therapy with various **antibiotics** and immunoglobulins (Igs). To characterize the defense status of this patient, several in vitro studies, including those with T cells and polymorphonuclear leukocytes (PMNLs), were performed. T cell responses specific for C. jejuni were only weak in this patient. Chemiluminescence and bacterial killing studies with PMNLs revealed that the bactericidal activity of PMNLs against Campylobacter was enhanced more vigorously by maternal serum than by commercial Ig preparations. On the basis of these results, combined treatment with ciprofloxacin and maternal plasma was initiated, and the C. jejuni infection was rapidly cured. This case report shows that in vitro immunologic assays may be useful for characterizing immune functions of patients with chronic or refractory C. jejuni infections, thus leading to individual treatment strategies.

L37 ANSWER 86 OF 214 MEDLINE

96399852 Document Number: 96399852. Photosensitization by norfloxacin is a function of pH. Bilski P; Martinez L J; Koker E B; Chignell C F. (Laboratory of Molecular Biophysics, National Institute of Environmental Health Sciences, Research Triangle Park, NC 27709, USA.. Bilski@NIEHS.NIH.gov). PHOTOCHEMISTRY AND PHOTOBIOLOGY, (1996 Sep) 64 (3) 496-500. Journal code: P69. ISSN: 0031-8655. Pub. country: United States. Language: English.

AB Norfloxacin is a **fluoroquinolone** (FQ) **antibiotic** that has been reported to cause cutaneous photosensitivity in animals and occasionally in humans. We have studied the fluorescence and singlet oxygen (1O2)-generating properties of norfloxacin. Upon UV excitation the drug fluoresces in water, and the relative intensities of two major fluorescence bands at ca 420 and 450 nm are affected by pH. The overall quantum yield of fluorescence (phi F) is also strongly pH dependent: phi F is low in 0.2 N HCl solution (0.2), increasing steeply to 0.12 at pH 4, then gradually decreasing to 0.01 at pH 10. The changes in phi F are accompanied by changes in fluorescence lifetime from 0.6 ns at pH 1 to 1.8 ns at pH 4. Norfloxacin exhibits phosphorescence in low temperature glasses. The formation of a triplet state at room temperature is also suggested by 1O2 phosphorescence in aerobic D2O. This phosphorescence is "self-quenched" by norfloxacin itself with an efficiency that is pH dependent: kq is 7.9 x 10(6) M-1 s-1 at pD 4, decreases to 1.9 x 10(6) M-1 s-1 at pD 7.5 but then increases about 20-fold in alkaline D2O solutions. This quenching causes the observed 1O2 production by norfloxacin (0.1 mM) to show a maximum at around pH 8-9. However, after correction for self-quenching, the quantum yield of 1O2 production (phi 50)y measured by using perinaphthenone as a standard, yielded the following values: phi s0 is about 0.07 in 0.2 N DCI solution, 0.08 at pH 7.5 and then increases smoothly to approximately 0.2 in 0.1 M NaOD solution. The relatively high, unquenched 1O2 production at physiological pH 7.4 (phi s0 approximately 0.08) suggests that 1O2 reactions may play an important role in the cutaneous phototoxicity of norfloxacin and other FQ **antibiotics**.

L37 ANSWER 87 OF 214 MEDLINE

96412903 Document Number: 96412903. Cutaneous and pulmonary infections

caused by Mycobacterium vaccae. Hachem R; Raad I; Rolston K V; Whimbey E; Katz R; Tarrand J; Libshitz H. (Department of Medical Specialities, University of Texas M. D. Anderson Cancer Center, Houston 77030, USA.)CLINICAL INFECTIOUS DISEASES, (1996 Jul) 23 (1) 173-5. Journal code: A4J. ISSN: 1058-4838. Pub. country: United States. Language: English.

AB Mycobacterium vaccae is a rapidly growing mycobacterial species that was previously not considered a human pathogen. We report four cases of M. vaccae infection that occurred in the southern United States; one patient had cutaneous disease, and three patients had cavitary lung disease. Two of the three patients with pulmonary disease had a history of exposure to cattle. The conditions of all patients improved with therapy: the cutaneous infection responded to therapy with minocycline and trimethoprim-sulfamethoxazole, and the pulmonary infections responded to therapy with ciprofloxacin.

L37 ANSWER 88 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 15

1996:128836 Document No. 124:249314 Enoxacin: A reappraisal of its clinical efficacy in the treatment of genitourinary tract infections. Patel, Sanjay S.; Spencer, Caroline M. (Adis International Limited, Auckland, N. Z.). Drugs, 51(1), 137-60 (English) 1996. CODEN: DRUGAY. ISSN: 0012-6667.

AB A review with 201 refs. Enoxacin is a 6-fluoronaphthyridinone antibacterial agent with good in vitro activity against Neisseria gonorrhoeae and most Gram-neg. urinary tract pathogens. It is less active in vitro against Acinetobacter spp., Pseudomonas aeruginosa, and most Gram-pos. bacteria, than against Gram-neg. organisms. Enoxacin is rapidly absorbed, with a high oral bioavailability (87 to 91%). Of the absorbed dose, 44 to 56% is excreted unchanged in the urine, with peak urinary concns. (>500 mg/L within 4 h) remaining high (>100 mg/L) for up to 24 h, sufficient to inhibit most urinary tract pathogens. Single (400mg) and multiple oral dose regimens (100 to 600mg twice or 3 times daily for 5 to 14 days) of enoxacin are as effective for the treatment of patients with complicated or uncomplicated urinary tract infections as other antibacterial agents such as amoxicillin, cefuroxime axetil, cotrimoxazole (trimethoprim-sulfamethoxazole) or trimethoprim. Noncomparative data suggest that enoxacin is also an effective agent for the treatment of prostatitis. Single 400mg oral doses of enoxacin produce .gtoreq.95% bacteriol. cure rates in gonococcal infections, comparable to those produced by single i.m. doses of ceftriaxone 250mg. Perioperative doses of oral enoxacin 200mg provide effective prophylaxis against postoperative bacteriuria after transurethral resection of the prostate. Concomitant administration of enoxacin with a no. of commonly used therapeutic agents (e.g. antacids, methylxanthines, warfarin) affects the pharmacokinetic properties of either enoxacin or the coadministered agents. Enoxacin is reasonably well tolerated, with the incidence of adverse experiences ranging from 0 to 24%. Adverse events are mainly gastrointestinal, neurol. or **dermatol**. and resolve with minimal intervention. Overall, although enoxacin exhibits a no. of clin. characteristics that are similar to those of other agents for the treatment of genitourinary tract infections, the advantages offered by this agent generally do not outweigh those of alternative **fluoroquinolone** agents. Thus, it is likely to prove to be yet another addn. to the list of agents available for the management of these infections.

L37 ANSWER 89 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS

96:374451 Document No.: 99096807. Impairment of phagocytic cell respiratory burst by UVA in the presence of **fluoroquinolones**

: An oxygen-dependent phototoxic damage to cell surface microvilli.. Saniabadi A R; Wada K; Umemura K; Sakuma S; Nakashima M. Japan Immunoresearch Lab., 351-1 Nishiyokote Cho, Takasaki, Japan Journal of Photochemistry and Photobiology B Biology, 33 (2). 1996. 137-142. ISSN: 1011-1344. Language: English

AN 96:374451 BIOSIS

AB **Fluoroquinolones** are widely used clinically as broad-spectrum antimicrobial agents. One of their side effects is UVA-dependent photosensitivity, observed after the **skin** is exposed to sunlight. We have investigated five **fluoroquinolones** and have found that their phototoxicity is oxygen dependent. Human phagocytic leucocytes were stimulated with serum opsonized zymosan to produce superoxide radical (O-2-) (respiratory burst) in the presence of a sensitive O-2-specific cypridina luciferin analogue, 2-methyl-6-(p-methoxyphenyl)-3,7-dihydroimidazol(1,2-alpha) pyrazin-one hydrochloride (MCLA), as chemiluminescence reagent with which O-2- can react to induce photon emission. The photon count was used as a measure of respiratory burst activity. When leucocytes were irradiated with UVA for 10 min in the presence of 3 mu-g ml-1 lomefloxacin, ciprofloxacin or norfloxacin, a marked decrease in respiratory burst activity was observed; in this respect, ofloxacin and tosufloxacin were weak. Scanning electron microscopy revealed that the cell surface microvilli were destroyed. The phototoxicity of **fluoroquinolones** could be abolished if oxygen in the tests was replaced by nitrogen or if the aminothiol DL-cysteine (1.5 mg ml-1) was added prior to irradiation. It is suggested that an oxygen species derived from UVA-excited drug molecules and oxygen mediates the phototoxicity of these **fluoroquinolones**.

L37 ANSWER 90 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 16

1996:363797 Document No. 125:29895 In vitro activity of fifteen antimicrobial agents against methicillin-resistant and methicillin-susceptible Staphylococcus intermedius. Piriz, S.; Valle, J.; Mateos, E. M.; De La Fuente, R.; Cid, D.; Ruiz-Santaquiteria, J. A.; Vadillo, S. (Facultad de Veterinaria, Universidad de Extremadura, Caceres, 10,071, Spain). J. Vet. Pharmacol. Ther., 19(2), 118-123 (English) 1996. CODEN: JVPTD9. ISSN: 0140-7783.

AB In this study the susceptibility of 91 methicillin-resistant and -susceptible Staphylococcus intermedius strains (MRSI and MSSI, resp.) against 15 antimicrobial agents was detd. The activity of the antimicrobial agents was studied at pH 7.2 and pH 8.5. Methicillin was more active at pH 7.2 (28 strains methicillin-resistant) than at pH 8.5 (55 strains methicillin-resistant). Gentamicin showed excellent activity, with only 3 strains resistant at pH 8.5. However, gentamicin would have to be administered parenterally. Oxytetracycline cannot be recommended for treatment of canine staphylococcal **dermatitis**, due to the high percentage (over 25%) of strains that were found to be resistant. Clindamycin showed little activity in inhibiting growth of the strains studied, the percent resistance at pH 7.2 was 93.4%. Rifampin behaved differently at the two pH values. However, a close relationship was noted between methicillin-resistant and rifampin-resistant strains, particularly at the lower pH. Of the **fluoroquinolones**, ciprofloxacin or enrofloxacin would be a good useful alternative for the treatment of methicillin-resistant strains of S. intermedius. Lastly, very high resistance to sulfamethoxypyridazine was found, as was the case with trimethoprim and a combination of trimethoprim/sulfamethoxypyridazine, against not only MRSI but also MSSI strains.

L37 ANSWER 91 OF 214 MEDLINE
96283947 Document Number: 96283947. Newer **antibiotics**: a **dermatologist**'s guide. Webster G F. (Department of Dermatology, Jefferson Medical College, Philadelphia, Pennsylvania, USA.)ADVANCES IN DERMATOLOGY, (1996) 11 105-15; discussion 116. Ref: 60. Journal code: AUX. ISSN: 0882-0880. Pub. country: United States. Language: English.

L37 ANSWER 92 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 17
96:132820 Document No.: 98704955. Case report: Ofloxacin-induced hypersensitivity vasculitis.. Pipek R; Vulfsons S; Wolfovitz E; Har-Shai Y; Taran A; Peled I J. Dep. Internal Med. D, Rambam Med. Cent., Haifa 31096, Israel American Journal of the Medical Sciences, 311 (2). 1996. 82-83. ISSN: 0002-9629. Language: English
AN 96:132820 BIOSIS
AB Since its introduction in 1985, the new **fluoroquinolone antibiotic** ofloxacin has gained widespread use, and much information has accumulated about its possible adverse effects. **Skin** reactions have been uncommon, and there have been very few reports about hypersensitivity vasculitis directly related to ofloxacin. The authors report such a case, in which the patient needed plastic surgery because of severe vasculitis in both legs.

L37 ANSWER 93 OF 214 CAPLUS COPYRIGHT 1998 ACS
1997:243317 Document No. 126:258561 Photoallergy to **fluoroquinolones** is mediated by TCR V.beta.13-positive T lymphocytes in mice. Tokura, Yoshiki; Nishijima, Takafumi; Yagi, Hiroaki; Takigawa, Masahiro (Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu, 431-31, Japan). Photomed. Photobiol., 18, 65-68 (English) 1996. CODEN: PHPHEA. ISSN: 0912-232X. Publisher: Japanese Society for Photomedicine and Photobiology.
AB To address the photoallergenicity of **fluoroquinolones** (FQs) and the mechanism(s) of FQ-induced photoallergy, we examd. the photohaptenic potential of FQs in mice. FQs, except for sparfloxacin, were covalently coupled with bovine serum albumin by irradn. with UVA but not UVB. Murine epidermal cells were also easily modified with FQs by exposure to UVA. S.c. inoculation of FQ-photomodified epidermal cells successfully induced and elicited a delayed-type hypersensitivity in mice. Immune lymph node cells (LNCs) from FQ-sensitized mice proliferated well in vitro to FQ-photomodified Langerhans cell-enriched epidermal cells. Immune LNCs of lomefloxacin, ciprofloxacin and norfloxacin responded well not only to Langerhans cells photomodified with the corresponding FQ but also to those photoderivatized with other FQs, suggesting that broad photoantigenic cross-reactivity exists among FQs. This cross-reactivity was also evidenced by the finding that CD4+ T cell populations that expanded after in vitro photoantigenic stimulation of lomefloxacin-, ciprofloxacin- and norfloxacin-lymph node cells expressed the same V.beta.13 of T-cell receptor.

L37 ANSWER 94 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
1998145273 EMBASE New and emerging quinolone **antibiotics**.
Bosso J.A.. Dr. J.A. Bosso, Anti-Infective Research Laboratory, College of Pharmacy, Medical University of South Carolina, 171 Ashley Avenue, Charleston, SC 29425-2303, United States Minor Outlying Islands. Journal of Infectious Disease Pharmacotherapy 2/4 (61-76) 1996.
Refs: 48.
ISSN: 1068-7777. CODEN: JIDPFI. Pub. Country: United States Minor

Outlying Islands. Language: English. Summary Language: English.

AB Two new **fluoroquinolones** have recently been marketed in the United States and several more will soon follow. Levofloxacin and sparfloxacin have been introduced and are being widely promoted for the treatment of respiratory tract infections. Three experimental quinolones in phase III trials are trovafloxacin, grepafloxacin, and clinafloxacin. In general, these new and emerging quinolones have equivalent activity against Gram-negative bacteria to older quinolones such as ciprofloxacin but improved activity against Gram-positive pathogens. Trovafloxacin and clinafloxacin also have marked activity against anaerobes. These quinolones tend to have longer serum half-lives than their predecessors which often translates into once daily dosing. Some have fewer drug interactions. Clinical efficacy trials reported to date indicate that these agents are safe and effective in a variety of infections including upper and lower respiratory tract infections, **skin** and **skin** structure infections, urinary tract infections, and some sexually transmitted diseases. Other indications may involve due to specific pharmacokinetic or antibacterial properties. The new quinolones represent an important advance antimicrobial pharmacotherapy.

L37 ANSWER 95 OF 214 CAPLUS COPYRIGHT 1998 ACS

1996:282338 Document No. 124:331239 The place of quinolones in everyday clinical practice. Moellering, Robert C., Jr. (Dep. of Medicine, Deaconess Hospital, Boston, MA, 02215-5501, USA). Chemotherapy (Basel), 42(Suppl. 1), 54-61 (English) 1996. CODEN: CHTHBK. ISSN: 0009-3157.

AB A review with 18 refs. The new **fluoroquinolones** have many attributes and relatively few drawbacks. As a result, they have been rapidly adopted for the treatment of serious bacterial infections. The currently available **fluoroquinolones** are particularly effective for the treatment of urinary tract infections, bacterial diarrhea, enteric fever, gonorrhea, chancroid, **skin** and soft tissue infections, acute and chronic gram-neg. osteomyelitis, gram-neg. pneumonias, serious infections due to a variety of gram-neg. bacilli, and in the eradication of the meningococcal carrier state. As we learn more about the properties of these compds., the no. and variety of infections for which they are useful continues to expand.

L37 ANSWER 96 OF 214 AGRICOLA

96:60008 Document No.: IND20536213. New trends in systemic **antibiotic** therapy of bacterial **skin** disease in dogs. Carlotti, D.N.Avail.: DNAL (SF601.C66). The Compendium on continuing education for the practicing veterinarian, Feb 1996. Vol. 18, No. 2,suppl.. p. 40-47 Publisher: Trenton, N.J. : Veterinary Learning Systems Company.
ISSN: 0193-1903
Language: English.

L37 ANSWER 97 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 18

96:505120 Document No.: 99227476. Tolerability of **fluoroquinolones**: Focus on pefloxacin.. Dellamonica P; Dunais B. Hopital de l'Archet, BP79, 06202 Nice Cedex 03, France Clinical Drug Investigation, 11 (SUPPL. 2). 1996. 36-42. ISSN: 1173-2563. Language: English

AN 96:505120 BIOSIS

AB The tolerability of the **fluoroquinolones** is particularly pertinent in the context of widespread prescription of this category of **antibiotics**. The most frequent adverse events associated

with **fluoroquinolones** involve the digestive tract, the central nervous system, the **skin** and the musculoskeletal system. In comparison with the nonfluorinated quinolones, some specific adverse events have been described, such as chondrotoxicity, tendinitis of the Achilles' tendon with possible rupture and acute myositis. All of the adverse events associated with **fluoroquinolones** resolve spontaneously upon treatment discontinuation with the exception of chondrotoxicity and tendinitis, which may be responsible for sequelae. Chondrotoxicity contraindicates the use of **fluoroquinolones** in children and pregnant women. Further data are required on the long term tolerability of **fluoroquinolones** in relation to their effects on DNA metabolism. Pefloxacin appears to have a tolerability profile similar to that of ciprofloxacin or ofloxacin; the choice of one of these agents should therefore depend on differences in their pharmacological properties in relation to the clinical needs of individual patients.

L37 ANSWER 98 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 19
1996:191248 Document No. 124:226268 Activity of nadifloxacin against methicillin-resistant Staphylococcus aureus isolated from **skin** infections: comparative study with seven other **fluoroquinolones**. Nishijima, S.; Nakagawa, M.; Tsuboi, N; Akamatsu, H; Horio, T; Fujita, M; Kawabata, S (Kori Branch Hospital, Kansai Medical University, Osaka, Japan). J. Int. Med. Res., Volume Date 1996, 24(1), 12-16 (English) 1996. CODEN: JIMRBV. ISSN: 0300-0605.

AB The in vitro susceptibility of methicillin-resistant Staphylococcus aureus (MRSA) to nadifloxacin and seven other **fluoroquinolones** (norfloxacin, ofloxacin, enoxacin, ciprofloxacin, lomefloxacin, tosufloxacin and sparfloxacin) was evaluated. The MRSA isolates were isolated from 114 **skin** infections between 1991 and 1994. Nadifloxacin exhibited the lowest min. inhibitory concn., and there were no MRSA isolates resistant to nadifloxacin, while there were some resistant to all of the other seven **fluoroquinolones**. The min. concns. of these drugs needed to cause 50% inhibition of the isolates increased dramatically from 1991 to 1992, but has hardly changed since 1992.

L37 ANSWER 99 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
96221636 EMBASE Impact of changing pathogens and antimicrobial susceptibility patterns in the treatment of serious infections in hospitalized patients. Jones R.N.. Department of Pathology, 5232-RCP, Iowa University College of Medicine, Iowa City, IA 52242, United States. American Journal of Medicine 100/6 A (6A3S-6A12S) 1996.
ISSN: 0002-9343. CODEN: AJMEAZ. Pub. Country: United States. Language: English. Summary Language: English.

AB The selection of drug-resistant pathogens in hospitalized patients with serious infections such as pneumonia, urinary tract infections (UTI), **skin** and **skin**-structure infections, and primary or secondary bacteremia has generally been ascribed to the widespread use of antimicrobial agents. Issues of concern regarding gram-negative bacilli include the expression of extended spectrum .beta.-lactamase-producing Escherichia coli and Klebsiella pneumoniae and constitutive resistance in some Enterobacteriaceae caused by Bush group 1 .beta.-lactamases. Current concerns with gram-positive pathogens are increasing multidrug resistance in methicillin-resistant Staphylococcus aureus, enterococci, and coagulase-negative staphylococci, and increasing incidence of penicillin-resistant Streptococcus pneumoniae. Contemporary

treatment strategies for pneumonia in hospitalized patients mandate early empiric therapy for the most likely gram-positive and gram-negative pathogens. Newer .beta.-lactams, such as fourth-generation cephalosporins, may be useful in the treatment of pneumonia, including those cases associated with bacteremia. Combination .beta.-lactam/.beta.-lactamase inhibitor drugs, an aminoglycoside co- drug, or a carbapenem may also be indicated. The initial treatment of UTI in the hospital setting also may be empirically treated with the newer cephalosporins, combination broad-spectrum penicillins plus an aminoglycoside, a quinolone, or a carbapenem. Current problems in treating UTI include the emergence of extended spectrum .beta.-lactamase-producing Escherichia coli, the tendency of **fluoroquinolones** both to select for resistant strains of major UTI pathogens and to induce cross-resistance among different drug classes, and .beta.-lactam and vancomycin resistance of enterococci and coagulase-negative staphylococci. Treatment of **skin** and **skin**-structure infections is complicated by the coexistence of gram-positive and gram-negative infections, which may be drug resistant. Both fourth-generation .beta.-lactams and carbapenems may have in vitro activity against these pathogens; however, where these drugs-with their increased spectra and lower affinity for .beta.-lactamases and less susceptibility to .beta.-lactamase hydrolysis-fit into the therapeutic armamentarium remains to be determined. Initial clinical studies appear to be promising, nonetheless. The ability of both nosocomial and community-acquired pathogens to develop resistance to powerful broad-spectrum agents presents a great challenge for prescribing patterns and in the development of new drugs to be relatively resistant to inactivation.

L37 ANSWER 100 OF 214 MEDLINE

96283649 Document Number: 96283649. Impact of changing pathogens and antimicrobial susceptibility patterns in the treatment of serious infections in hospitalized patients. Jones R N. (Department of Pathology, University of Iowa College of Medicine, Iowa City, Iowa 52242, USA.)AMERICAN JOURNAL OF MEDICINE, (1996 Jun 24) 100 (6A) 3S-12S. Ref: 53. Journal code: 3JU. ISSN: 0002-9343. Pub. country: United States. Language: English.

AB The selection of drug-resistant pathogens in hospitalized patients with serious infections such as pneumonia, urinary tract infections (UTI), **skin** and **skin**-structure infections, and primary or secondary bacteremia has generally been ascribed to the widespread use of antimicrobial agents. Issues of concern regarding gram-negative bacilli include the expression of extended spectrum beta-lactamase-producing Escherichia coli and Klebsiella pneumonias and constitutive resistance in some Enterobacteriaceae caused by Bush group 1 beta-lactamases. Current concerns with gram-positive pathogens are increasing multidrug resistance in methicillin-resistant Staphylococcus aureus, enterococci, and coagulase-negative staphylococci, and increasing incidence of penicillin-resistant Streptococcus pneumoniae. Contemporary treatment strategies for pneumonia in hospitalized patients mandate early empiric therapy for the most likely gram-positive and gram-negative pathogens. Newer beta-lactams, such as fourth-generation cephalosporins, may be useful in the treatment of pneumonia, including those cases associated with bacteremia. Combination beta-lactam/beta-lactamase inhibitor drugs, an aminoglycoside co-drug, or a carbapenem may also be indicated. The initial treatment of UTI in the hospital setting also may be empirically treated with the newer cephalosporins, combination broad-spectrum penicillins plus an aminoglycoside, a quinolone, or a

carbapenem. Current problems in treating UTI include the emergence of extended spectrum beta-lactamase-producing Escherichia coli, the tendency of **fluoroquinolones** both to select for resistant strains of major UTI pathogens and to induce cross-resistance among different drug classes, and beta-lactam and vancomycin resistance of enterococci and coagulase-negative staphylococci. Treatment of **skin** and **skin**-structure infections is complicated by the coexistence of gram-positive and gram-negative infections, which may be drug resistant. Both fourth-generation beta-lactams and carbapenems may have in vitro activity against these pathogens; however, where these drugs--with their increased spectra and lower affinity for beta-lactamases and less susceptibility to beta-lactamase hydrolysis--fit into the therapeutic armamentarium remains to be determined. Initial clinical studies appear to be promising, nonetheless. The ability of both nosocomial and community-acquired pathogens to develop resistance to powerful broad-spectrum agents presents a great challenge for prescribing patterns and in the development of new drugs to be relatively resistant to inactivation.

L37 ANSWER 101 OF 214 CABA COPYRIGHT 1998 CABI DUPLICATE 20
97:68488 Document No.: 972206605. Drug resistance of strains of E. coli, Salmonella and Staphylococcus aureus isolated from domestic animals during the period 1992 to 1994 in Japan. Ishimaru, M.; Endoh, Y. S.; Yoshimura, H.. National Veterinary Assay Laboratory, Kobubunji, Tokyo, 185 Japan..
Annual Report of the National Veterinary Assay Laboratory (1996) No. 33, pp. 1-20. 13 ref . ISSN: 0388-7421; Language: Japanese. Summary Language: English.

AB The drug resistance was determined to 28 antiinfective agents. Of the E. coli isolates from 2342 dairy cattle, 2141 beef cattle, 2189 pigs, 692 pigs, 692 broilers and 1417 layers, 84, 90, 96, 98, and 96%, respectively, were resistant to ampicillin, kanamycin, streptomycin, oxytetracycline (OTC), chloramphenicol or sulfadimethoxine; 4.7%, 18.5%, 19.1%, 12%, and 8.8% displayed a multiple drug resistance. Of the Salmonella isolates from 266 dairy cattle, 373 beef cattle, 170 broilers, and 130 layers, 100, 97, 100, and 100% were resistant to these **antibiotics**, while 70, 69 and 11% of those from dairy cattle, beef cattle and broilers, respectively, showed multiple drug resistance. Of the S. aureus strains isolated from **skin**, 40-60% were resistant to OTC, 5-60% to erythromycin and 0-30% to tylosin. The MICs of the **fluoroquinolones** enrofloxacin, ofloxacin and vebufloxacin against most of the 8781 isolates were below 0.8 micro g/ml.

L37 ANSWER 102 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
96369359 EMBASE Possible role for the new **fluoroquinolones** (levofloxacin, grepafloxacin, trovafloxacin, clinafloxacin, sparfloxacin, and DU-6859a) in the treatment of anaerobic infections: Review of current information on efficacy and safety. Goldstein E.J.C.. 2021 Santa Monica Boulevard, Santa Monica, CA 90404, United States. Clinical Infectious Diseases 23/SUPPL. 1 (S25-S30) 1996.
ISSN: 1058-4838. CODEN: CIDIEL. Pub. Country: United States. Language: English. Summary Language: English.

AB The currently available **fluoroquinolones** have modest activity against anaerobes. Newer **fluoroquinolones** with increased in vitro activity against anaerobes are under development and include levofloxacin, clinafloxacin, sparfloxacin, trovafloxacin, grepafloxacin, and DU-6859a. Side effects of the quinolones have varied according to the specific compounds and

include central nervous system stimulation, gastrointestinal disturbances, vasculitis, and photosensitization. Monitoring for toxicity is incompletely reliable in identifying all potential serious side effects such as the 'temafloxacin syndrome.' Other **fluoroquinolones** may produce this syndrome rarely or not at all. In this paper, I review limited published studies on the use of these agents for **skin** and **skin**-structure infections and gynecologic infections. Studies in progress are noted, and when available, in vitro data on the efficacy of these agents against bacterial isolates from specific sources are reviewed and evaluated in terms of potential clinical utility.

L37 ANSWER 103 OF 214 USPATFULL
95:105868 Cell signaling inhibitors.
Michnick, John, Seattle, WA, United States
Underiner, Gail E., Brier, WA, United States
Klein, J. Peter, Vashon Island, WA, United States
Rice, Glenn C., Seattle, WA, United States
Cell Therapeutics, Inc., Seattle, WA, United States (U.S. corporation)
US 5470878 951128
APPLICATION: US 93-164081 931208 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Therapeutic compounds have the formula:

(X)j-(non-cyclic core moiety),

j being an integer from one to three, the core moiety is non-cyclic and X is a racemic mixture, R or S enantiomer, solvate, hydrate, or salt of: ##STR1## *C is a chiral carbon atom, n is an integer from one to four (preferably from one to three), one or more carbon atoms of (CH.sub.2).sub.n may be substituted by a keto or hydroxy group, and m is an integer from one to fourteen. Independently, R.sub.1 and R.sub.2 may be a hydrogen, a straight or branched chain alkane or alkene of up to twelve carbon atoms in length, or --(CH.sub.2).sub.w R.sub.5, w being an integer from two to fourteen and R.sub.5 being a mono-, di- or tri-substituted or unsubstituted aryl group, substituents on R.sub.5 being hydroxy, chloro, fluoro, bromo, or C.sub.1-6 alkoxy. Or jointly, R.sub.1 and R.sub.2 form a substituted or unsubstituted, saturated or unsaturated heterocyclic group having from four to eight carbon atoms, N being a hetero atom. R.sub.3 is a hydrogen or C.sub.1-3. Or, therapeutic compounds may also have the formula: ##STR2## R.sub.4 is a hydrogen, a straight or branched chain alkane or alkene of up to eight carbon atoms in length, --(CH.sub.2).sub.w R.sub.5, w being an integer from two to fourteen and R.sub.5 being a mono-, di- or tri-substituted or unsubstituted aryl group, substituents on R.sub.5 being hydroxy, chloro, fluoro, bromo, or C.sub.1-6 alkoxy, or a substituted or unsubstituted, saturated or unsaturated heterocyclic group having from four to eight carbon atoms. r and s are independently integers from one to four, the sum (r+s) not being greater than five. t is an integer from one to fourteen and one or more carbon atoms of (CH.sub.2).sub.s or (CH.sub.2).sub.t may be substituted by a keto or hydroxy group.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 104 OF 214 USPATFULL
95:101230 Tacrine and cytochrome P450 oxidase inhibitors and methods of use.

Woolf, Thomas F., Dexter, MI, United States
Warner Lambert Company, Morristown, NJ, United States (U.S. corporation)
US 5466696 951114
APPLICATION: US 93-100917 930809 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Described is a method of treating Alzheimer's disease in a patient comprising administering to said patient an effective amount of tacrine in combination with a P450 1A2 oxidase inhibitor. Preferably, the inhibitor is a heterocyclic guanidine.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 105 OF 214 USPATFULL
95:86426 Quinolone- and naphthyridone carboxylic acid derivatives, process for their production, antibacterial compositions and feed additives containing them.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch Gladbach, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5453422 950926
APPLICATION: US 93-151603 931112 (8)
PRIORITY: DE 88-3802478 880205
DE 88-3814517 880429
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An antibacterially active quinolone or naphthyridonecarboxylic acid derivative of the formula ##STR1## in which R.sup.1 stands for various organic radical,

R.sup.2 stands for hydrogen, alkyl having 1 to 4 carbon atoms or (5-methyl-2-oxo-1,3-dioxol-4-yl)-methyl,

R.sup.3 stands for hydrogen or amino,

R.sup.4 stands for a radical of the formula ##STR2## A stands for N or C--R.sup.5, wherein

R.sup.5 stands for hydrogen, halogen methyl, cyano or nitro or else together with R.sup.1 can form a bridge of the structure ##STR3## or a pharmaceutically utilizable hydrate, acid addition salt, alkali metal salt, alkaline earth metal salt, silver salt or guanidinium salt of the carboxylic acid when R.sup.2 is hydrogen.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 106 OF 214 USPATFULL
95:64917 Antimicrobial quinolonyl lactam esters.
White, Ronald W., West Chester, OH, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
Proctor & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
US 5434147 950718

APPLICATION: US 93-133704 931008 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial activity; and

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or napthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 107 OF 214 USPATFULL
95:43255 7-(1-pyrrolidinyl)-3-quinolone carboxylic acid derivatives as antibacterial agents and feed additives.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch-Gladbach, Germany, Federal Republic of
Krebs, Andreas, Odenthal-Holz, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5416096 950516
APPLICATION: US 91-737631 910730 (7)
PRIORITY: DE 88-38240726 880715
DE 89-39063658 890301
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB 7-(1-Pyrrolidinyl)-3-quinolone- and -naphthyridonecarboxylic acid derivatives as antibacterial agents and feed additives, of the formula ##STR1## in which X.sup.1 is halogen,

X.sup.2 is hydrogen, halogen, amino or other radical,

R.sup.1 is alkyl, cycloalkyl, optionally substituted phenyl or other radical,

R.sup.2 is hydrogen, alkyl or a dioxolylmethyl radical,

R.sup.3 is ##STR2## and A is N, CH, C-halogen, or the like, or forms a bridge with R.sup.1,

and addition products thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 108 OF 214 USPATFULL
95:11763 Antimicrobial dithiocarbamoyl quinolones.
Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)

US 5387748 950207
APPLICATION: US 91-696985 910502 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--S--M, where M is a pharmaceutically-acceptable salt or biohydrolyzable ester; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 109 OF 214 MEDLINE
96000705 Document Number: 96000705. Disseminated cutaneous infection due to Mycobacterium chelonae in a patient with rheumatoid arthritis, amyloidosis, and renal failure. Forslund T; Rummukainen M; Kousa M; Krees R; Relander A; Katila M L. (Department of Medicine, Central Hospital of Jyvaskyla, Finland..)NEPHROLOGY, DIALYSIS, TRANSPLANTATION, (1995) 10 (7) 1234-6. Journal code: N7J. ISSN: 0931-0509. Pub. country: ENGLAND: United Kingdom. Language: English.

L37 ANSWER 110 OF 214 MEDLINE DUPLICATE 21

96083302 Document Number: 96083302. Bacteremia with Acinetobacter species--clinicopathological characteristics of 27 cases. Kurosu I. (First Department of Internal Medicine, Nihon University School of Medicine..)KANSENSHOGAKU ZASSHI. JOURNAL OF THE JAPANESE ASSOCIATION FOR INFECTIOUS DISEASES, (1995 Aug) 69 (8) 895-902. Journal code: IJR. ISSN: 0387-5911. Pub. country: Japan. Language: Japanese.

AB Acinetobacter spp. are non-fermented gram-negative rods that are widespread in the environment and colonize in the human **skin** . They are known to be a nosocomial pathogen causing, pneumonia, meningitis and bacteremia. Recently, they have been found increasingly in catheter-related infections (CRI). Thirty-seven cases of bacteremia were developed in our hospital during the past five years. Of these 27 cases were chosen out of the medical records for discussion in this paper. Twenty-three cases are blood positive for Acinetobacter anitratus and 4 cases for A. lwoffii. Most cases have an underlying disease like hematological malignancy, solid tumor and infantile congenital abnormality. There were also some clinical signs; high fever, hypotension, tachycardia, tachypnea, peripheral cyanosis. A central venus catheter was inserted in 22 cases, and in 13 of these, the catheter was removed after the bacteremic episode. Nine cases became afebrile after the removal of the catheter and A. anitratus was isolated from the catheter tip in four cases. Heparin was administered through the catheter in 7 cases. Formerly Acinetobacter spp. were not recognized as a major pathogen, but recently found increasingly in CRI. We also found 9 cases which were definitely diagnosed or suspected as CRI, and were successfully treated by removal of the central venus catheter. Association between administration of heparin and bacteremia of Acinetobacter spp. was reported, we actually detected such association in 7 cases, but the potential role of heparin has not been clarified yet. Compared with A. lwoffii, A. anitratus were resistant to many drugs, but had good susceptibility to imipenem, minocycline, aminoglycoside, and **fluoroquinolone**.(ABSTRACT TRUNCATED AT 250 WORDS)

L37 ANSWER 111 OF 214 MEDLINE

95281275 Document Number: 95281275. New antimicrobial agents. Goldfarb J. (Department of Infectious Diseases, Cleveland Clinic Foundation, Ohio, USA..)PEDIATRIC CLINICS OF NORTH AMERICA, (1995 Jun) 42 (3) 717-35. Ref: 52. Journal code: OUM. ISSN: 0031-3955. Pub. country: United States. Language: English.

AB In any discussion of new antimicrobial agents in the 1990s, a warning and a plea are necessary. The spreading emergence of resistance among bacteria raises concerns for the effectiveness of antimicrobial therapy. Penicillin-resistant pneumococci are probably of most significance in pediatrics and are increasing in frequency, in part related to the use of antimicrobial therapy in young children to treat such infections as otitis media. New practice guidelines have suggested the more limited use of antimicrobial agents in treating serious otitis media. When pediatricians do treat, they should select effective agents. Limiting therapy to brief courses with effective and narrow-spectrum agents may be helpful also. Treating long enough to ensure eradication in serious infections is equally important. Methicillin-resistant S aureus are also increasing and are increasingly a concern in community-acquired infections and nosocomial infections. Using topical agents, such as mupirocin, to treat impetigo and other superficial **skin** infections can limit exposure to systemic agents and may delay the spread of resistance. Vancomycin-resistant enterococcal infections, an infrequent pediatric problem, are most frightening because no

alternative therapies are available. Their occurrence is directly related to use of vancomycin in the communities that are affected. Containing the spread of drug-resistant bacteria will likely require a concerted effort by both physicians and the public. The indiscriminate use of antimicrobial agents to treat non-bacterial infections should be contained. The public must be educated to understand that antimicrobial agents are ineffective against viral infections. In the setting of managed care, educating administrators who make practice decisions that cheaper is not always better will be crucial. The issues of day-care infections and spread of potential pathogens must take on increasing attention and methods to decrease infection sought. Curbing inappropriate use of antimicrobial agents will be as important as learning the nuances between new agents.

L37 ANSWER 112 OF 214 MEDLINE
96077401 Document Number: 96077401. Epidemiology of the colonization of inpatients and outpatients with ciprofloxacin-resistant coagulase-negative staphylococci. Kotilainen P; Huovinen S; Jarvinen H; Aro H; Huovinen P. (Department of Medicine, University of Turku, Finland.)CLINICAL INFECTIOUS DISEASES, (1995 Sep) 21 (3) 685-7. Journal code: A4J. ISSN: 1058-4838. Pub. country: United States. Language: English.
AB We tested the **skin** staphylococcal flora of inpatients and hospital staff in the orthopedic unit of Turku University Central Hospital (Turku, Finland) for susceptibility to ciprofloxacin. Ciprofloxacin-resistant coagulase-negative staphylococci were detected on the **skin** of 14 (61%) of the 23 inpatients and 16 (53%) of the 30 members of the hospital staff. Plasmid profiles were highly similar for most of these resistant isolates, thus suggesting that cross infection was responsible for the spread of ciprofloxacin-resistant strains in the orthopedic unit. Colonization of inpatients with ciprofloxacin-resistant coagulase-negative staphylococci was significantly associated with hospitalization longer than 6 days (P = .006) and the use of **antibiotics** during the hospital stay (P = .009). Twelve of 30 outpatients with venous leg ulcers were treated with ciprofloxacin, and all of these 12 were colonized with ciprofloxacin-resistant coagulase-negative staphylococci; in contrast, only three (33%) of the nine outpatients who were treated with trimethoprim (P = .004) and three (33%) of the nine outpatients who were treated with placebo (P = .004) were colonized with these strains. The ciprofloxacin-resistant strains from the outpatients had distinctly different plasmid profiles, a finding that suggests that, in the community, ciprofloxacin resistance may have emerged in isolates from each treated individual.

L37 ANSWER 113 OF 214 MEDLINE
96306519 Document Number: 96306519. [Search for bacterial contamination of the aqueous humor during cataract surgery with and without local **antibiotic** prophylaxis]. Recherche d'une contamination bacterienne du liquide intra-oculaire au cours de la chirurgie de la cataracte avec et sans antibioprophylaxie locale. Saint-Blancat P; Burucoa C; Boissonnot M; Gobert F; Risse J F. (Service d'Ophtalmologie, CHU Jean-Bernard, Poitiers.)JOURNAL FRANCAIS D OPHTALMOLOGIE, (1995) 18 (11) 650-5. Journal code: IAE. ISSN: 0181-5512. Pub. country: France. Language: French.
AB PURPOSE: Bacterial contamination of anterior chamber at the end of cataract surgery, was compared between two techniques: extracapsular extraction and phacoemulsification. The effectiveness of preoperative **antibiotic** eyedrops using Norfloxacine 0.3%

(Chibroxine) was also evaluated. METHOD: The study focused on 101 patients grouped according to surgical technique and presence of preoperative **antibiotic** eyedrops. Conjunctival sampling was made the day prior the surgery, as well as in the operating room, after **skin** and conjunctival desinfection with povidone iodine in all the patients included in the study. Aqueous humour was collected at the end of surgery. RESULTS: Eight samples out of 101 were positive which represents 7.9% of the cases. In 75% of the cases, the anterior chamber aspirate showed a different germ or non-recurrent germ in the second conjunctival sample. None of the included patients developed endophthalmitis. The two most frequent pathogens were Propionibacterium acnes in 62.5% of the cases, and Staphylococcus epidermidis in 50%. Another pathogen was found in a culture environment: Micrococcus roseus. In two samples, two different bacteria grew: Propionibacterium acnes and Staphylococcus epidermidis. Whatever the surgical technique, no statistically significant bacterial contamination was found. There was no significant statistical difference between patients who had local **antibiotic** eyedrops and those who did not. CONCLUSION: This study confirms the poor reliability of local **antibiotic** eyedrops to prevent surgical contamination. Furthermore performing an anterior chamber aspirate at the end of the surgery for risk patients would help the physician identify the pathogens involved in endophthalmitis in order to begin **antibiotic** treatment as soon as possible.

L37 ANSWER 114 OF 214 MEDLINE DUPLICATE 22
95272212 Document Number: 95272212. Parenteral versus oral **antibiotic** therapy. Craig W A; Andes D R. (Department of Infectious Diseases, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin, USA..)MEDICAL CLINICS OF NORTH AMERICA, (1995 May) 79 (3) 497-508. Ref: 39. Journal code: LU6. ISSN: 0025-7125. Pub. country: United States. Language: English.
AB The past decade has seen the increased use of oral therapy for a variety of serious infections that were previously treated exclusively by parenteral therapy. A variety of clinical trials in patients with pneumonia, urinary tract infections, **skin** and soft tissue infections, osteomyelitis, and bacteremia have demonstrated equal efficacy between oral and parenteral therapy. Much of this success is due to the availability of new oral agents, such as the **fluoroquinolones** and cephalosporins, with enhanced activity against gram-negative bacilli and improved pharmacokinetics. Oral therapy with certain of these drugs provides the same therapeutic serum levels required for efficacy that are obtained with parenteral therapy, that is, a 24-hour AUC/MIC above 125 for **fluoroquinolones** and levels constantly above the MIC for cephalosporins and other beta-lactams. Oral therapy can also reduce the costs of antimicrobial therapy.

L37 ANSWER 115 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 23
95:394019 Document No.: 98408319. The increasing significance of outbreaks of Acinetobacter spp.: The need for control and new agents.. Bergogne-Berezin E. Dep. Microbiol., Bichat-Claude Bernard University-Hospital, 46 Rue Henri-Huchard, 75877 Paris Cedex 18, France Journal of Hospital Infection, 30 (SUPPL.). 1995. 441-452. ISSN: 0195-6701. Language: English
AN 95:394019 BIOSIS
AB Acinetobacter spp. are Gram-negative non-fermentative bacteria which may be isolated as commensals from human **skin**, throat and intestine but are also increasingly responsible for hospital infections. Owing to frequent changes in their taxonomy, their

pathogenic role in humans has not been clear but today acinetobacter is considered to be a significant nosocomial pathogen in outbreaks of hospital infections predominantly in intensive care units. Nosocomial infections due to acinetobacter include urinary tract infections, bacteraemia, wound and burn infections, but also they are frequently isolated from ventilator-associated nosocomial pneumonia. The frequency of hospital outbreaks of acinetobacter infections has required the development of reliable typing methods. As well as conventional 'phenotypic' methods (serology, biotyping, phage typing), 'genotypic' systems (ribotyping, plasmid profiles, pulsed-field gel electrophoresis) have been utilized for strain identification. These typing systems should allow a better understanding of the epidemiology of acinetobacter in the hospital environment, e.g., sources, modes of transmission, and result in more efficient preventive measures. Acinetobacter infections are difficult to treat owing to their frequent multiple resistance to the **antibiotics** currently available for the treatment of nosocomial infections; various mechanisms of resistance to beta-lactams and aminoglycosides have been identified in the genus. Combination therapy is usually recommended for treatment of acinetobacter nosocomial infections and active antibacterials include imipenem, ceftazidime, amikacin and the newer **fluoroquinolones**. Careful in vitro testing of the activity of combinations of these drugs is recommended prior to their use.

L37 ANSWER 116 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
95269595 EMBASE Pharmacokinetics and safety of trovafloxacin (CP-99,219), a new quinolone **antibiotic**, following administration of single oral doses to healthy male volunteers. Teng R.; Harris S.C.; Nix D.E.; Schentag J.J.; Foulds G.; Liston T.E.. Drug Metabolism Department, Central Research Division, Pfizer Inc., Groton, CT 06340, United States. Journal of Antimicrobial Chemotherapy 36/2 (385-394) 1995.
ISSN: 0305-7453. CODEN: JACHDX. Pub. Country: United Kingdom.
Language: English. Summary Language: English.

AB Trovafloxacin (CP-99,219) is a new **fluoroquinolone** antibacterial agent with a broad spectrum of activity against Gram-positive and Gram-negative bacteria. The pharmacokinetics and safety of trovafloxacin were characterised in healthy male volunteers after administration of single oral doses of 30, 100, 300, 600 and 1000 mg. trovafloxacin was rapidly absorbed and serum concentrations reached a maximum approximately 1 h after dosing. The corresponding mean C(max) values (mean .+-. SD) were 0.3 .+-. 0.0, 1.5 .+-. 0.5, 4.4 .+-. 1.1, 6.6 .+-. 1.4 and 10.1 .+-. 0.5 mg/L. Terminal-phase half-life was independent of dose, with an overall mean of 9.9 .+-. 2.5 h. Generally, C(max) and AUC(0-.infin.) increased linearly with dose. Less than 10% of the administered dose was recovered unchanged in urine. Over the dosing range, trovafloxacin renal clearance was fairly constant, averaging 0.67 .+-. 0.36 L/h. Trovafloxacin binding to serum proteins was moderate (70%). Trovafloxacin was well tolerated at doses of 300 mg or below. There were no significant changes in the clinical chemistry or haematology parameters evaluated over the entire dosing range.

L37 ANSWER 117 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 24
1996:79801 Document No. 124:193025 Tolerability of **fluoroquinolone antibiotics**: Past, present and future. Ball, Peter; Tillotson, Glenn (Infectious Diseases Unit, Victoria Hospital, Kirkcaldy/Fife, UK). Drug Saf., 13(6), 343-58 (English) 1995. CODEN: DRSAEA. ISSN: 0114-5916.

AB A review with 130 refs. New **fluoroquinolones** have been in

clin. use for 10 yr and have an excellent record of safety and tolerance. The main elements of their adverse reaction profile were predictable from human experience with precursor naphthyridines and quinolones, and from toxicol. studies in animals. Thus gastrointestinal reactions (1 to 5%), **skin** disturbances (less than 2.5%) and central nervous system (CNS) effects (usually around 1 to 2%) were anticipated. Individual group members exhibit particular properties in relation to their chem. structures, for example the phototoxicity assocd. with 8-halogenation of the nucleus and found to be a particular problem with lomefloxacin and sparfloxacin. Other members, for example ofloxacin, are linked to a higher than usual incidence of CNS reactions and psychol. disturbance. However, despite increasing usage, none of the present group have been implicated in joint damage in children, which had been a major concern following reports of this effect in juvenile animals in chronic toxicity studies. Furthermore, i.v. formulations appear to have no assocd. increase in toxicity. Crystalluria with assocd. renal damage, originally thought likely to limit i.v. dosage, has not proved to be a problem in humans. Clin. significant interactions may occur but, as with those involving various NSAIDs and potentially leading to convulsions, they have been defined and are thus avoidable. Postmarketing surveillance studies and prescription event monitoring have largely confirmed the limited adverse reaction profile defined during clin. trials. However, some unexpected reactions have appeared after launch, most notably the episodes of hemolysis, renal failure and hypoglycemia which led to the withdrawal of temafloxacin. These effects have not been obsd. with other **fluoroquinolones**. However, severe tendinitis appears to be a group effect, albeit rare, and anaphylactoid reactions have been reported with several of the **fluoroquinolone** group, often in AIDS patients. The new **fluoroquinolones** are essentially a well tolerated group of antibacterials, the benefits of which clearly outweigh their disadvantages in a wide range of indications. Clin. efficacy has been a larger determinant of which members have succeeded in the marketplace than potential toxicity. However, the lesser potential for adverse effects of some of the class, e.g. norfloxacin, ofloxacin and ciprofloxacin, has undoubtedly led to their more widespread use. For others, e.g. enoxacin, limited clin. utility and a perception of increased toxicity have resulted in sidelining. There remains the potential for development of safer and yet more active **fluoroquinolones** via chem. manipulation both of the nucleus and the side chain substituents.

L37 ANSWER 118 OF 214 MEDLINE

96145589 Document Number: 96145589. [Chronic osteomyelitis caused by Klebsiella pneumoniae with a 50 year course. Medicosurgical management]. Osteomyelite chronique `a Klebsiella pneumoniae evolutive depuis 50 ans. Prise en charge medico-chirurgicale. Sarfati F; Aubert J P; Stein A; Casanova D; Magalon G. (Service de Chirurgie Plastique et Reconstructice, Hopital de la Conception, Marseille.)JOURNAL DE CHIRURGIE, (1995 Aug-Sep) 132 (8-9) 342-5. Journal code: HPJ. ISSN: 0021-7697. Pub. country: France. Language: French.

AB The 50-year clinical course of a case of osteomyelitis of the left tibia is reported. Surgical specimens were positive for Klebsiella pneumoniae allowing treatment with certriaxone and ciprofloxacine. After **antibiotic** therapy, regional **skin** expansion was possible with excision and simultaneous closure of a wide area of damaged **skin** resulting from the long-term infection.

L37 ANSWER 119 OF 214 MEDLINE

1998183474 Document Number: 98183474. Typhoid in the highlands of Papua New Guinea 1984-1990: a hospital-based perspective. Richens J. (Academic Department of Genito-urinary Medicine, University College London Medical School, England, UK.)PAPUA NEW GUINEA MEDICAL JOURNAL, (1995 Dec) 38 (4) 305-14. Journal code: YEU. ISSN: 0031-1480. Pub. country: Papua New Guinea. Language: English.

AB A first-hand account is given of the epidemic of typhoid in the Goroka area as it evolved from 1984 to 1990. The monthly admissions for typhoid to Goroka Base Hospital showed a peak in 1988. The sex and age distribution showed a predominance of young adults. The overall case fatality rate of hospitalized patients was of the order of 10-15%; in a carefully documented group of 374 patients 27% were assessed as having severe typhoid and this subgroup had a case fatality rate of 44%. The clinical features were studied in 516 patients. The high mortality appeared to result from septic shock; ileal perforation was found in only 1.3% of patients. A **skin** lesion equivalent to but significantly different from the classic rose spot was found in 30% of patients. The typhoid facies was commonly encountered in patients with well-established typhoid. Cerebellar tremor and hearing loss were frequent diagnostic findings. Blood and bone marrow cultures were used to confirm the diagnosis; bone marrow culture proved practicable but gave little increased yield over blood culture. A clinical algorithm to help distinguish typhoid and malaria was developed, principally for use in health centres in the highlands. The mainstay of treatment was chloramphenicol and very few problems were encountered with its use in inpatients. Bacteriological resistance to chloramphenicol did not develop over the study period. Other drugs, such as fluorinated quinolones, may be more effective when all aspects are considered, despite higher cost, but this remains to be investigated. Hydrocortisone in patients with severe disease was evaluated and shown to be ineffective but whether high-dose dexamethasone would reduce the mortality from typhoid in patients in Papua New Guinea still remains an unanswered question.

L37 ANSWER 120 OF 214 MEDLINE

96036113 Document Number: 96036113. Pharmacokinetic study of fibrin clot-ciprofloxacin complex: an in vitro and in vivo experimental investigation. Tsourvakas S; Hatzigrigoris P; Tsibinos A; Kanellakopoulou K; Giamarellou H; Dounis E. (Orthopaedic Department, Laiko General Hospital, Athens, Greece..)ARCHIVES OF ORTHOPAEDIC AND TRAUMA SURGERY, (1995) 114 (5) 295-7. Journal code: AT2. ISSN: 0936-8051. Pub. country: GERMANY: Germany, Federal Republic of. Language: English.

AB We prepared a composite of fibrin clot and ciprofloxacin for use as a biodegradable **antibiotic** delivery system with sustained effect for the treatment of chronic osteomyelitis. In vitro, ten experiments were performed in which 10 mg of ciprofloxacin were incorporated into 4 ml of fibrin clot. The clots were preserved in nutrient broth and incubated at 37 degrees C for a total of 60 days. Every 24 h a broth specimen was obtained, and the ciprofloxacin concentration was determined by microbiological assay. The maximum level of **antibiotic** was noted on the first day (49.9 +/- 5.1 mg/l). The ciprofloxacin-fibrin clot complexes usually disintegrated after 60 days. In vivo, the fibrin-ciprofloxacin clots were made as previously described. The composite was implanted in the medullary canal of rabbit tibiae, and the **antibiotic** concentration was measured in bone, muscle, **skin** and serum. In all tissues around the implant, the concentration of

antibiotic exceeded the minimum inhibitory concentration against the common causative organisms of osteomyelitis for 10 days. The implant caused no systemic side-effects, and it is likely to prove clinically useful as a drug delivery system for treating chronic osteomyelitis.

L37 ANSWER 121 OF 214 CABA COPYRIGHT 1998 CABI
95:201869 Document No.: 952216784. Use of marbofloxacin in the treatment of canine pyoderma. Utilisation de la marbofloxacine dans le traitement des pyodermites du chien. Carlotti, D. N.; Jasmin, P.; Guaguere, E.; Thomas, E.. 100, Avenue de l'Aquitaine, F-33560 Sainte-Eulalie, France..
Pratique Medicale & Chirurgicale de l'Animal de Compagnie (1995) Vol. 30, No. 2, Supplement, pp. 281-293. 9 ref . ISSN: 1157-6960; Language: French. Summary Language: English.
AB Marbofloxacin is a systemic antibacterial drug belonging to the **fluoroquinolones**, with a broad spectrum of activity developed exclusively as a veterinary drug. Results are given from 2 clinical studies: 111 cases of canine pyoderma (from 9 veterinary practices in 3 European countries between October 1992 and November 1993) and 25 cases of severe pyoderma seen in specialized veterinary practices and which had not responded to antibacterial therapy. 145 bacterial strains were isolated from the 111 cases in the 1st study, of which 85 were Staphylococcus intermedius, 10 were other staphylococci, and 35 Enterobacteriaceae, of which 10 each were Escherichia coli and Proteus sp. **Antibiotic** sensitivity was determined, and the group divided into 57 treated orally with marbofloxacin at 2 mg/kg body weight per day (one dose), and 54 treated orally with amoxicillin-clavulanic acid (Synulox) at 25 mg/kg per day (two doses per day). Treatment lasted 5-40 days. Marbofloxacin was much more effective than the amoxicillin formulation (96% and 74.5% very good results, respectively), particularly for the superficial **skin** infections. In the second study S. intermedius was isolated from 44% of dogs, S. aureus, S. hyicus and S. capitis from 20%. All dogs were treated with marbofloxacin at 2 mg/kg daily, for a mean of 57 days. 20 dogs showed a full recovery, 2 an improvement and 3 failed to respond to marbofloxacin.

L37 ANSWER 122 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
95211568 EMBASE Focus on fleroxacin: A new once daily **fluoroquinolone antibiotic**. Patel K.B.; Nicolau D.P.; Klepser M.E.; Marangos M.N.; Hitt C.M.; Nightingale C.H.. Department of Pharmacy, Hartford Hospital, University of Connecticut, Hartford, CT, United States. Formulary 30/5 (261-267) 1995.
ISSN: 0098-6909. CODEN: FORMF. Pub. Country: United States. Language: English. Summary Language: English.
AB Fleroxacin is a new **fluoroquinolone** being reviewed by the FDA for the treatment of various infectious diseases. Clinical studies involving the oral formulation have shown excellent results in treating such infectious diseases as complicated and uncomplicated urinary tract infections, respiratory tract infections, sexually transmitted diseases, **skin** and **skin** structure infections, bone and joint infections, bacterial diarrhea, and typhoid fever. Unlike currently avaliable quinolone **antibiotics**, fleroxacin has a reduced interaction profile - it lacks interactions with substances containing heavy metals and with drugs that are metabolized via the oxidative microsomal enzyme system. Fleroxacin is nearly 100% bioavaliable and has a long half-life, allowing for once-daily

dosing.

L37 ANSWER 123 OF 214 CAPLUS COPYRIGHT 1998 ACS
1995:900327 Document No. 123:334716 In vitro activity of nadifloxacin against both methicillin-susceptible and -resistant clinical isolates of Staphylococcus aureus from patients with **skin** infections. Nishijima, S.; Namura, S.; Akamatsu, H.; Kawai, S.; Asada, Y.; Kawabata, S.; Fujita, M. (Division Dermatology, Kansai Medical University, Neyagawa, Japan). Drugs, 49(Suppl. 2), 230-2 (English) 1995. CODEN: DRUGAY. ISSN: 0012-6667.
AB The in vitro susceptibility of MSSA and MRSA clin. isolates of S. aureus to nadifloxacin and 7 other **fluoroquinolones** was investigated. Most strains of MSSA have generally remained highly susceptible to nadifloxacin and the other **fluoroquinolones** tested. In contrast, with the exception of nadifloxacin, **fluoroquinolone** resistance generally increased in MRSA.

L37 ANSWER 124 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 25
1995:900322 Document No. 123:334712 Susceptibility of bacterial isolates from complicated **skin** and **skin** structure infections to cefazolin, imipenem-cilastatin, ciprofloxacin and ofloxacin. Lui, Hans H.; Bolash, Nancy K.; McAnany, Mary E.; Lynch, Randall A. (Presbyterian Medical Center, Philadelphia, PA, USA). Drugs, 49(Suppl. 2), 215-18 (English) 1995. CODEN: DRUGAY. ISSN: 0012-6667.
AB The title study demonstrated that many gram-pos. and -neg. bacteria from open wounds were resistant to cefazolin and other parenteral antibacterials commonly used for treatment of **skin** infections. However, of the total isolates, all were covered by imipenem-cilastatin, and ofloxacin covered a greater percentage than ciprofloxacin. It is concluded that **fluoroquinolones** offer good coverage of gram-neg. rods isolated from patients with **skin** infections involving open wounds. They can also be used in patients who are allergic to .beta.-lactams.

L37 ANSWER 125 OF 214 CAPLUS COPYRIGHT 1998 ACS
1995:789802 Document No. 123:193403 Influence of sub-MICs of beta-lactam, aminoglycoside and quinolone **antibiotics** on the induction of prophage and permeability factor production of Salmonella typhimurium. Majtanova, L'ubica; Hostacka, Anna; Majtan, Viktor (Institute of Preventive and Clinical Medicine, Bratislava, SK-83301, Slovakia). Biologia (Bratislava), Volume Date 1995, 50(3), 211-16 (English) 1995. CODEN: BLOAAO. ISSN: 0006-3088.
AB The influence of sub-MICs of beta-lactam **antibiotics** (ceftazidime, imipenem, aztreonam, azlocillin) of aminoglycoside **antibiotics** (tobramycin, netilmicin, amikacin) and quinolone **antibiotics** (ofloxacin, enoxacin, nalidixic acid) on the induction of prophage of the lysogenic S. typhimurium strain and on the prodn. of the permeability factor was studied. The lysogenic S. typhimurium strain was isolated from a patient suffering from nosocomial infection. The prophage induction activity was detd. in culture filtrates prepd. from cells grown in 1/4, 1/8 and 1/16 of the MIC, using two indicator S. typhimurium strains. The prodn. of the permeability factor was evaluated in a delayed **skin** test on rabbits using homogenates of cells exposed to these sub-MICs. The prophage-induction activity was the most significant after the application of all quinolone **antibiotics** in the entire concn. range and was assocd. with their mode of action. They have been shown to be inhibitors of DNA gyrase. From the other tested **antibiotics** only 1/4 of the MIC of aztreonam had an effect similar to that of quinolones. The 1/4 of the MICs of

enoxacin and nalidixic acid reduced also the permeability activity to 37.08% or 49.34%, resp., as compared to the control value. Of the other tested groups of **antibiotics** 1/4 of the MICs of imipenem (beta lactam **antibiotic**) and of tobramycin (aminoglycoside **antibiotic**) showed the most significant decrease of the tested activity. The tested sub-MICs of these **antibiotics** did not influence expressively the no. of viable counts in the bacterial suspensions.

L37 ANSWER 126 OF 214 CAPLUS COPYRIGHT 1998 ACS
1995:523634 Document No. 122:260890 Activity of eight **fluoroquinolones** against both methicillin-susceptible and -resistant Staphylococcus aureus isolated from **skin** infections. Nishijima, Setsuko; Namura, Shoko; Akamatsu, Hirohiko; Kawai, Shuzou; Asada, Yasuo; Kawabata, Shigekatsu; Fujita, Maasa (Division of Dermatology, Kansai Medical University, Osaka, 572, Japan). J. Dermatol., 22(2), 153-5 (English) 1995. CODEN: JDMYAG. ISSN: 0385-2407.

AB The in vitro susceptibility to eight **fluoroquinolones**, norfloxacin, ofloxacin, enoxacin, ciprofloxacin, lomefloxacin, tosufloxacin, sparfloxacin, and nadifloxacin, was established by agar diln. tests, for 71 isolates of methicillin-susceptible (MSSA) and 74 isolates of -resistant S. aureus (MRSA) isolated from **skin** infections. Among all of the **fluoroquinolones** , nadifloxacin exhibited the lowest MIC for both MSSA and MRSA. In addn., there were no resistant S. aureus, neither MSSA and MRSA, to nadifloxacin. With the exception of nadifloxacin, the incidence of MRSA resistant to **fluoroquinolones** has gradually increased in recent years. Over half of the MRSA strains were resistant to norfloxacin, ofloxacin, enoxacin, ciprofloxacin, and lomefloxacin.

L37 ANSWER 127 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
95301433 EMBASE Activity of quinolones against gram-positive cocci: Clinical features. Giamarellou H.. Athens University School of Medicine, 1st Dept. of Propedeutic Medicine, Laiko General Hospital, GR 115 27 Athens, Greece. Drugs 49/SUPPL. 2 (58-66) 1995. ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.

AB The potential role of the commercially available **fluoroquinolones** in the treatment of Gram-positive infections is discussed on the basis of data obtained from animal experiments and clinical trials. In respiratory tract infections, and particularly in community-acquired pneumonia, it is evident that the presently available quinolones cannot be prescribed empirically as first-line therapy because of their borderline activity against Streptococcus pneumoniae and anaerobes. Reports of pneumococcal seeding in other tissues during quinolone therapy render their administration a debatable issue. Experience in endocarditis is limited to the use of ciprofloxacin plus rifampicin in intravenous drug users with right-sided Staphylococcus aureus endocarditis. Patients with staphylococcal osteomyelitis are included among cases of other bone infections. In noncontrolled studies ciprofloxacin, ofloxacin and pefloxacin attained a staphylococcal eradication rate ranging from 70 to 100%, while the addition of rifampicin has been proven to reduce the emergence of resistant mutants during therapy. In soft tissue and **skin** structure infections that also involve Gram-negative bacteria, ciprofloxacin and ofloxacin eradicated 72.6 and 89% of staphylococci, respectively; however, the presence of diabetes or vascular disease compromised the success of treatment. In staphylococcal peritonitis complicating continuous ambulatory peritoneal dialysis, results with ciprofloxacin given

intravenously or intraperitoneally were promising. In infections in neutropenic hosts, success of prophylaxis or therapy is still not clear, since colonisation and breakthrough bacteraemias with viridans streptococci and staphylococci have been reported. Furthermore, therapeutic results are compromised by the low response rate in Gram-positive infections. Despite the reported clinical efficacy of the newer **fluoroquinolones**, physicians should be alerted to the emergence of staphylococci resistant to **fluoroquinolones**, mainly methicillin-resistant variants. In suspected staphylococcal infections, and particularly in institutions where methicillin-resistant S. aureus and S. epidermidis strains predominate, **fluoroquinolones** should not be administered empirically but should be used only after determining the susceptibilities of the isolated staphylococci, and preferably in combination with rifampicin. The clinical outcome obtained with the newer quinolones that have shown much greater in vitro activity against Gram-positive organisms may fill the gaps left by the older compounds in the therapy of infections caused by Gram-positive cocci.

L37 ANSWER 128 OF 214 MEDLINE
95180098 Document Number: 95180098. Canadian ofloxacin susceptibility study: a comparative study from 18 medical centers. Canadian Ofloxacin Study Group. Hoban D J; Jones R N. (Department of Medical Microbiology and Clinical Microbiology, University of Manitoba, Winnipeg, Canada..)CHEMOTHERAPY, (1995 Jan-Feb) 41 (1) 34-8. Journal code: D15. ISSN: 0009-3157. Pub. country: Switzerland. Language: English.

AB Ofloxacin, a newer fluorinated 4-quinolone having a broad spectrum of activity was evaluated against 5,553 clinical pathogens isolated from urine, respiratory tract, **skin** and genital tract infections at 18 Canadian Medical Centers spread across the nation. Approximately 300 strains were reported (zone diameters) from each site. The zones of ofloxacin, other **fluoroquinolones**, oral cephalosporins and penicillins were analyzed and interpreted by NCCLS criteria. Ofloxacin had the widest spectrum of activity against gram-positive organisms and most gram-negative organisms, while ciprofloxacin was only superior for the Pseudomonas spp. The percentage of isolates susceptible to ofloxacin was as follows: for respiratory tract pathogens = 94%, for **skin** and soft tissue infections = 94%, for urinary tract organisms = 93% and for genital tract isolates = 94%.

L37 ANSWER 129 OF 214 USPATFULL
94:92025 Flexible protective medical gloves and methods for their use.
Dresdner, Jr., Karl P., 235 W. 48th St., Apt. #18N, New York City, NY, United States 10036
Dangman, Kenneth H., 400 Riverside Dr., Apt. #1A, New York City, NY, United States 10032
Jazlowiecki, Edward A., 15 Sachems Trail, West Simsbury, CT, United States 06092
US 5357636 941025
APPLICATION: US 92-906829 920630 (7)
DOCUMENT TYPE: Utility.

AB A flexible protective medical glove containing a non-liquid antiseptic composition and methods for its use are disclosed. The glove comprises a thin inner layer and a thin outer layer of material; preferably the outer layer is a more elastic and less plastic layer than the inner layer. A compartment between the layers of the glove is capable of providing a non-liquid antiseptic composition which comprises an antiseptic in a

non-liquid composition. The non-liquid antiseptic composition may also contain a surface-active agent, an algesic agent, a colorant, a vasoconstrictive agent, an odorant, or a viscosity-modifying agent. An object puncturing the glove wall can become coated with the non-liquid antiseptic composition and can automatically transfer some of the antiseptic composition from the glove onto the hand and into a hand wound should the object cause a wound; useful as an immediate preventative antiseptic treatment to help to decontaminate the hand and hand wound of infectious pathogens that may have been transferred there by the object. The treatment can help to protect a gloved individual such as a surgeon, a medical doctor, a health care worker, a law enforcement officer, a dentist or any worker whose work may place them at some risk of becoming contaminated through the hands by an infectious pathogen including the AIDS virus or hepatitis B virus.

L37 ANSWER 130 OF 214 USPATFULL
94:60159 Antimicrobial quinolone thioureas.
Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
US 5328908 940712
APPLICATION: US 90-513368 900420 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--NR.sup.20 R.sup.21 ; where R.sup.20 is, hydrogen, alkyl, alkenyl, a carbocyclic ring or a heterocyclic ring; and R.sup.21 is R.sup.20 or N(R.sup.20)(R.sup.20); or R.sup.20 and R.sup.21, together with the nitrogen to which they are bonded, form a heterocyclic ring; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 131 OF 214 USPATFULL
94:49152 3-Substituted-1-aryl-2(1H)-quinolones useful as anti-allergy and anti-inflammatory agents.
McCombie, Stuart W., Caldwell, NJ, United States
Schering Corporation, Kenilworth, NJ, United States (U.S. corporation)
US 5318971 940607
APPLICATION: US 91-732553 910719 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel 3-substituted-1-aryl-2(1H)-quinolones useful as anti-allergy, anti-inflammatory, anti-hyperproliferative **skin** disease agents are disclosed. The quinolones are represented by Formula 1: ##STR1## Pharmaceutical compositions and methods of treatment employing such compounds are also disclosed.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 132 OF 214 USPATFULL
94:11412 Quinolone- and naphthridone carboxylic acid derivatives, process for their production, antibacterial compositions and feed additives containing them.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch Gladbach, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5284842 940208
APPLICATION: US 92-931746 920818 (7)
PRIORITY: DE 88-3803478 880205
DE 88-3814517 880429
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An antibacterially active quinolone or naphthyridonecarboxylic acid derivative of the formula ##STR1## in which R.sup.1 stands for various organic radical,

R.sup.2 stands for hydrogen, alkyl having 1 to 4 carbon atoms or (5-methyl-2-oxo-1,3-dioxol-4-yl)methyl,

R.sup.3 stands for hydrogen or amino,

R.sup.4 stands for a radical of the formula ##STR2## A stands for N or C--R.sup.5, wherein

R.sup.5 stands for hydrogen, halogen methyl, cyano or nitro or else together with R.sup.1 can form a bridge of the structure ##STR3## or a pharmaceutically utilizable hydrate, acid addition salt, alkali metal salt, alkaline earth metal salt, silver salt or guanidinium salt of the carboxylic acid when R.sup.2 is hydrogen.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 133 OF 214 USPATFULL
94:11346 Aqueous quinolone concentration assay.
Napier, James J., Lindenhurst, IL, United States
Holst, Mark R., Waukegan, IL, United States
Cheng, Bhi-Yung, Northbrook, IL, United States
Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
US 5284776 940208
APPLICATION: US 93-107556 930817 (8)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of determining the concentration of a quinolone in an aqueous solution comprising reacting the quinolone with an iron salt under conditions and for a time period sufficient to form a color change in the aqueous solution and comparing the resulting color change to an appropriate standard, and optionally comprising the further step of adjusting the pH of the aqueous quinolone solution to a value of less than about 7.0 prior to reacting the aqueous solution with an iron salt, as well as a test kit useful for carrying out such a method.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 134 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 26
94:540111 Document No.: 97553111. Possible ciprofloxacin-induced acute cholestatic jaundice.. Sherman O; Beizer J L. Dep. Clin. Pharm. Practice, St. John's Univ. Coll. Pharm. Allied Health Professions, 8000 Utopia Parkway, Jamaica, NY 11439, USA Annals of Pharmacotherapy, 28 (10). 1994. 1162-1164. ISSN: 1060-0280.
Language: English
AN 94:540111 BIOSIS
AB OBJECTIVE: To report a case of acute cholestatic jaundice in a patient who was receiving oral ciprofloxacin. CASE SUMMARY: An 84-year-old woman residing in a long-term care facility developed acute cholestatic jaundice while being treated with ciprofloxacin for a urinary tract infection. On day 6 of ciprofloxacin therapy, she was noted to have an erythematous, pruritic rash over her chest and abdomen. At this point ciprofloxacin treatment was discontinued, as an allergy was suspected. Three days later she was noted to have jaundiced sclera and **skin**, and liver function test results were markedly elevated. The plasma cholesterol concentration was increased substantially; there was no decrease in plasma albumin concentration or increase in prothrombin time. The patient was treated with intravenous fluids. Within the next month, the liver function test results decreased to near normal and the patient was asymptomatic. Follow-up liver test results three months later were normal. DISCUSSION: To our knowledge, there are only a few other case reports in the literature of a possible ciprofloxacin-induced liver injury. Enoxacin, a fluorinated quinolone **antibiotic**

similar to ciprofloxacin, was reported to cause cholestatic liver injury in one patient. The exact mechanism by which **fluoroquinolones** may cause liver injury is unknown. CONCLUSIONS: We believe that this is only the second reported case of acute cholestatic jaundice resulting from ciprofloxacin therapy. Although this reaction seems to occur rarely, it is prudent to be alert for the signs and symptoms of cholestasis when administering ciprofloxacin.

L37 ANSWER 135 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 27
1994:594719 Document No. 121:194719 Quinolone antibacterials: an update of their pharmacology and therapeutic use. von Rosenstie, Niels; Adam, Dieter (Univ. Chil. Hosp., Munich, Germany). Drugs, 47(6), 872-901 (English) 1994. CODEN: DRUGAY. ISSN: 0012-6667.
AB A review with >100 refs. Quinolones are a class of **antibiotics** structurally related to nalidixic acid. They exhibit bactericidal activity primarily by inhibiting bacterial DNA gyrase. The early quinolones had a limited spectrum of activity, low potency, high frequency of spontaneous bacterial resistance, low serum drug concns. and short half-lives, which virtually restricted their use to urinary tract infection. The new fluorinated quinolones differ from their predecessors in their broad antibacterial spectrum, including both Gram-neg. and Gram-pos. aerobic, and facultative anaerobic bacteria as well as many Mycobacterium spp., Chlamydia spp., Legionella spp. and Mycoplasma spp., in addn. to many strains of bacteria that are multiresistant to .beta.-lactam **antibiotics** and aminoglycosides. They also exhibit high potency, a low incidence of resistance, high oral bioavailability, extensive tissue penetration, low protein binding and long elimination half-lives. They are generally well tolerated apart from some gastrointestinal disturbance and rashes, including photosensitive eruptions and a propensity to cause central nervous system excitation. Clin. important interactions include those with antacids, theophylline, fenbufen and warfarin. Potential toxic effects include cartilage damage, ocular toxicity, teratogenicity and impairment of spermatogenesis. The role of **fluoroquinolones** continues to widen, encompassing infections of the urinary tract, respiratory tract, **skin** and soft tissues, bone and joints, infections in immunocompromized patients, sexually transmitted diseases, infectious diarrhea, gynaecol. infections and surgical prophylaxis. The convenience of oral therapy is an added advantage of the new **fluoroquinolones**.

L37 ANSWER 136 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
95037100 EMBASE A comprehensive review of clinical and in vitro studies of lomefloxacin. McCue J.D.; Payne K.J.; Rizk E.. Department of Medicine, Baystate Medical Center, Springfield, MA 01199, United States. Drugs of Today 30/7 (535-556) 1994.
ISSN: 0025-7656. CODEN: MDACAP. Pub. Country: Spain. Language: English. Summary Language: English.
AB Lomefloxacin HCl is a broad-spectrum bactericidal antimicrobial of the **fluoroquinolone** class. It is highly active against nearly all enteric pathogens, fastidious organisms, staphylococci, and Legionella species. In vitro activity also includes **antibiotic**-resistant pathogens such as Pseudomonas aeruginosa and Acinetobacter species. It is moderately active against the streptococci, Ureaplasma and Mycoplasma species, and Chlamydia trachomatis. The antimicrobial activity of lomefloxacin results primarily from the selective inhibition of bacterial DNA gyrase, but the reduction of bacterial virulence factors and enhancement of phagocytic killing by polymorphonuclear leukocytes

(PMNs) may also play a role. A prolonged terminal half-life of lomefloxacin of approximately 8 hours, a significant post-**antibiotic** effect, and extended availability in the plasma and tissues permit once-daily dosing in indicated infections. Lomefloxacin has been evaluated for efficacy in 3,118 patients with infections, and as prophylactic therapy in 284 patients who were about to undergo transurethral surgery. Bacterial pathogen eradication was achieved in 93.7% of the 2,060 bacteriologically evaluable patients, and successful clinical outcome occurred in 96.4% of the 2,064 clinically evaluable patients.

L37 ANSWER 137 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 28
1994:449463 Document No. 121:49463 The **fluoroquinolones** as treatment for infections caused by Gram-positive bacteria. Cruciani, Mario; Bassetti, Dante (Ist. Immunol. Malattie Infettive, Univ. Verona, Verona, 37126, Italy). J. Antimicrob. Chemother., 33(3), 403-17 (English) 1994. CODEN: JACHDX. ISSN: 0305-7453.
AB A review with about 100 refs. The **fluoroquinolones** have become attractive options as treatment for a broad range of infections caused by Gram-neg. bacteria. However, the value of the **antibiotics** to patients with infections caused by Gram-pos. pathogens remains controversial. Experience with quinolones as therapy for **skin** and **skin** structure infections, osteomyelitis and peritonitis in patients receiving continuous ambulatory peritoneal dialysis suggests that the concerns which have been expressed about the use of these agents against methicillin-resistant Staphylococcus aureus (MRSA), Staphylococcus epidermidis and streptococci are justified; indeed, the frequent emergence of quinolone-resistant strains of MRSA and coagulase-neg. staphylococci ether druing or following treatment is now well documented. The **fluoroquinolones** should be prescribed with caution to patients with community-acquired pneumonia or whenever severe infection of pneumococcal etiol. is proven or suspected. As prophylaxis for the granulocytopenic patient, quinolones such as norfloxacin and ciprofloxacin have been shown to be effective in reducing the incidence of morbidity attributable to Gram-neg. bacteria, but they have not significantly affected the incidence of infection caused by Gram-pos. bacteria. In the treatment of febrile episodes in the neutropenic patient, ciprofloxacin, the quinolone investigated most extensively in this clin. setting, produced high cure rates only when it was combined with an **antibiotic** which was predictably active against Gram-pos. organisms. The authors review here the role of currently-available **fluoroquinolones** (norfluoxacin, enoxacin, pefloxacin, ofloxacin and ciprofloxacin) as treatment for these and other infections.

L37 ANSWER 138 OF 214 MEDLINE DUPLICATE 29
94334448 Document Number: 94334448. Sensitivity of Staphylococcus aureus and Streptococcus pyogenes isolated from **skin** infections in 1992 to antimicrobial agents. Nishijima S; Namura S; Kawai S; Akamatsu H; Asada Y; Kawabata S. (Department of Dermatology, Kansai Medical University, Osaka, Japan..)JOURNAL OF DERMATOLOGY, (1994 Apr) 21 (4) 233-8. Journal code: HZ7. ISSN: 0385-2407. Pub. country: Japan. Language: English.
AB We studied the efficacy of antimicrobial agents against Staphylococcus aureus (S. aureus) and Streptococcus pyogenes (S. pyogenes) isolated from **skin** infections in 1992. For S. aureus, we measured the minimum inhibitory concentrations (MICs) of the following 10 drugs: methicillin (DMPPC), cefaclor (CCL), gentamicin (GM), erythromycin (EM), clindamycin (CLDM), minocycline

(MINO), vancomycin (VAN), fusidic acid (FA), ofloxacin (OFLX) and nadifloxacin (NDFX); for S. pyogenes, we determined the MICs of the following 9 drugs: ampicillin (ABPC), amoxicillin (AMPC), cefpodoxime proxetil (CPDX-PR), erythromycin (EM), clindamycin (CLDM), minocycline (MINO), norfloxacin (NFLX), of loxacin (OFLX) and nadifloxacin (NDFX). These drugs are frequently used to treat **skin** infections, either systemically or topically. NDFX is a new synthetic **fluoroquinolone**, recently developed for use as a topical acne medication in Japan. It is used NDFX for acne, but not for **skin** infections. There were no strains of S. aureus resistant to NDFX, VAN or FA. The resistance (> or = 12.5 micrograms/ml) of S. aureus was highest to GM and lowest to OFLX. Four strains of methicillin-resistant (> or = 12.5 micrograms/ml) S. aureus (MRSA) were found. In contrast, no resistant strains of S. pyogenes were found except to MINO. Only two strains of S. pyogenes were susceptible to MINO. The sensitivity of S. pyogenes to ABPC, AMPC, CPDX-PR, EM and CLDM was very good. All the strains were susceptible at a MIC below > or = 0.05 microgram/ml. However, the S. pyogenes strains were not very sensitive to the new quinolones, especially NFLX. We concluded that penicillins, cephalosporins and macrolides are still effective against streptococcal infections.(ABSTRACT TRUNCATED AT 250 WORDS)

L37 ANSWER 139 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 30
95:22172 Document No.: 98036472. Prevalence of important pathogens and antimicrobial activity of parenteral drugs at numerous medical centers in the United States: I. Study on the threat of emerging resistances: Real or perceived?. Jones R N; Kehrberg E N; Erwin M E; Anderson S C; The Fluoroquinolone Resistance Surveillance Group. Dep. Pathol., 5232 RCP, Univ. Iowa Coll. Medicine, Iowa City, IA 52242, USA Diagnostic Microbiology and Infectious Disease, 19 (4). 1994. 203-215. ISSN: 0732-8893. Language: English

AN 95:22172 BIOSIS

AB Forty-three medical centers participated in a national (United States) surveillance study of parenteral antimicrobial agents as empiric therapy of pathogens isolated from blood, **skin** wounds, respiratory tract, and urine (gt 8500 strains, 200 per laboratory). All laboratories tested each organism by the same reagent disks and/or Etest (AB Biodisk, Solna, Sweden) strips. Quality control results validated all laboratories for analyses. The most common isolates were Escherichia coli (1648), Staphylococcus aureus (1408), Pseudomonas aeruginosa (1003), Klebsiella species (792), and the enterococci (684). Among the tested drugs the percent susceptible rates observed were ofloxacin (83.4%), ciprofloxacin (82.0%), and cefuroxime (62.9%) tested against all organisms; cefazolin (54.7%) and ceftazidime (76.7%) tested against all nonfastidious aerobes; gentamicin (91.2%), imipenem (95.3%), ticarcillin-clavulanate (78.2%), and ceftriaxone (66.2%) tested against Gram negative organisms only; and vancomycin (97.9%) and erythromycin (49.2%) tested against Gram-positive aerobes. Several drug-resistant species appear to be emerging or increasing in the United States: (a) vancomycin-resistant enterococci (7.9%, mostly Enterococcus faecium); (b) oxacillin resistant S. aureus (21.0%); (c) third-generation cephalosporin-resistant Enterobacteriaceae, including E. coli and Klebsiella species with extended-spectrum beta-lactamases (approximately 1.3%-8.6%); (d) penicillin-resistant Streptococcus pneumoniae (17.8%); and (e) ciprofloxacin-resistant P. aeruginosa (14.9%). **Fluoroquinolone** resistance among the enteric bacilli was confirmed in 60 of 66 referred strains (0.8% of total strains), and cross-resistance was high among ciprofloxacin, ofloxacin, lomefloxacin, fleroxacin, and norfloxacin (98.3%-100%).

Seventeen strains of **fluoroquinolone**-resistant enteric bacilli (0.2% of total) also harbored an ESBL and resistance to aminoglycosides. Clonal spread within medical centers was observed with the ESBL-producing Klebsiella pneumoniae. This national clinical isolate data base continues to demonstrate broad **fluoroquinolone** efficacy (ofloxacin gt ciprofloxacin) against hospital-based pathogens and many strains of emerging resistant bacteria. Continued US surveillance studies are urged to monitor emerging antimicrobial resistance and to guide interventions to minimize its occurrence.

L37 ANSWER 140 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94236744 EMBASE Activity of eight **fluoroquinolones** against methicillin-resistant Staphylococcus aureus isolated from cutaneous infections. Nishijima S.; Namura S.; Akamatsu H.; Asada Y.; Kawabata S.; Fujita M.. Division of Dermatology, Kansai Medical University, Kori Branch Hospital, 8-45, Korihondoori-cho, Neyagawa, Osaka 572, Japan. INT. J. ANTIMICROB. AGENTS 4/3 (147-149) 1994. ISSN: 0924-8579. CODEN: IAAGEA. Pub. Country: Netherlands. Language: English. Summary Language: English.

AB The in vitro susceptibility of methicillin-resistant Staphylococcus aureus to eight **fluoroquinolones**, norfloxacin, ofloxacin, enoxacin, ciprofloxacin, lomefloxacin, tosufloxacin, sparfloxacin and nadifloxacin, was evaluated. Methicillin-resistant S. aureus strains were isolated from 64 cutaneous infections from 1991 to 1993. Nadifloxacin exhibited the lowest MIC among all of the **fluoroquinolones**. In addition, there was no resistance to nadifloxacin. The MIC50 of these drugs has been increasing in the past 3 years.

L37 ANSWER 141 OF 214 CAPLUS COPYRIGHT 1998 ACS DUPLICATE 31
1994:528829 Document No. 121:128829 Phototoxicity and photoallergenicity of quinolones in guinea pigs. Horio, Takeshi; Miyauchi, Hiroko; Asada, Yasuo; Aoki, Yasuji; Harada, Minoru (Dep. Dermatol., Kansai Med. Univ., Osaka, 570, Japan). J. Dermatol. Sci., 7(2), 130-5 (English) 1994. CODEN: JDSCEI. ISSN: 0923-1811.

AB Clin. reports indicate that the **fluoroquinolone** group of **antibiotics** can induce cutaneous photosensitivity reactions. In the present study, phototoxicity and photoallergenicity of quinolones including nalidixic acid (NA) norfloxacin (NFLX), ofloxacin (OFLX), enoxacin (ENX), ciprofloxacin (CPFX), lomefloxacin (LFLX), and tosufloxacin (TFLX) were exptl. examd. in an in vivo system using the guinea pig. Phototoxicity of all quinolones tested was demonstrated after a single, oral administration of the drugs and subsequent exposure to long-wave UV (UVA) at a dose of 30 J/cm2. The phototoxic potencies were: ENX, LFLX > OFLX > NA, TFLX > NFLX, CPFX. Photoallergic reactions were also induced to LFLX and NA by pretreatment with cyclophosphamide, an immunoadjuvant. No cross-reactions in photoallergy were obsd. among quinolones. The photo-ingestion test was pos. in photoallergically sensitized animals, while the photopatch test was neg. This is the first report which demonstrated exptl. the photoallergenicity of quinolones. Clin. features of the photosensitivity due to quinolones can be explained by the results of the present expts.

L37 ANSWER 142 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94333539 EMBASE [A four year retrospective study of **antibiotic** -induced side effects in a regional post-marketing surveillance (pharmacovigilance) center]. PHARMACOVIGILANCE DES **ANTIBIOTIQUES**. BILAN DU CENTRE MIDI-PYRENEES DE PHARMACOVIGILANCE DE 1989 A 1992. Llau M.E.; Damase-Michel C.;

Lapeyre-Mestre M.; Vie M.; Rascol O.. Service de Pharmacol. Med./Clinique, Centre Hospitalier Universitaire, Faculte de Medecine, 37, Allees Jules-Guesde, 31073 Toulouse Cedex, France.
THERAPIE 49/2 (123-127) 1994.
ISSN: 0040-5957. CODEN: THERAP. Pub. Country: France. Language: French. Summary Language: French; English.

AB The present retrospective study investigates the **antibiotic**-induced side effects in a regional French Pharmacovigilance Center between 1989 and 1992. Five-hundred and seventy six side effects were reported, involving 611 drugs and accounting for 18% of the total activity of the pharmacovigilance center. Most of the side effects involved penicillins and systemic quinolones followed by sulfonamides, cephalosporines and glycopeptides. When expressed in number of adverse effects in Defined Daily Dose, the maximal frequency of side effects was observed with sulfonamides. In contrast, the frequency of penicillin-induced adverse events was low. The most frequently reported side effects were cutaneous and/or immunologic (54%) and digestive (24%) disturbances. Among serious side effects, 3 toxic epidermal necrolysis (2 with cotrimoxazole), 16 pseudomembranous colitis (11 with beta-lactam **antibiotics**, 4 with macrolides and lincomycines and 1 with vancomycin), 14 neuropsychiatric reactions (seizures, confusions and hallucinations with beta-lactam **antibiotics** and **fluoroquinolones**) were notified. Five **antibiotic**-induced side effects led to death.

L37 ANSWER 143 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94077340 EMBASE Oral **antibiotic** usage in hospitalized patients. Piscitelli S.C.; Hoffman H.; Danziger L.H.. Pharmacy Practice, College of Pharmacy, University of Illinois, 833 South Wood Street, Chicago, IL 60612, United States. HOSP. PHARM. 29/2 (100-101+104-105+120) 1994.
ISSN: 0018-5787. CODEN: HOPHAZ. Pub. Country: United States. Language: English. Summary Language: English.

AB With the introduction of the **fluoroquinolones**, oral **antibiotic** usage is becoming an increasingly important issue. The medical record of 119 patients receiving oral **antibiotics** at a university hospital were reviewed to examine demographics and patterns of usage. The population was predominantly female and below 50 years of age. Urinary tract infections were most common followed by infections of the respiratory tract and **skin** and **skin** structure.
The majority of usage was empiric in nature. The most commonly prescribed **antibiotics** were trimethoprim/sulfamethoxazole, cephalexin, and ampicillin/amoxicillin. Monotherapy with an oral agent was observed in 82% of the cases. Intravenous **antibiotics** were administered prior to oral therapy in 61% of the patients studied. The authors observed a trend from combination intravenous therapy to single-agent oral therapy. Of the patients discharged on an oral **antibiotic**, 84% received a prescription for the agent originally prescribed for them in the hospital. Tracking of oral **antibiotic** inpatient use is effective at assessing major trends in usage.

L37 ANSWER 144 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94114156 EMBASE North American (United States and Canada) comparative susceptibility of two **fluoroquinolones**: Ofloxacin and ciprofloxacin - A 53-Medical-Center sample of spectra of activity. Jones R.N.; Hoban D.J.; Aldridge K.A.; Arrington K.L.; Berthold G.; Brecher S.; Cleary T.; Coyle M.; Davis J.; Garagusi V.; Goodman N.L.; Gorzynski E.; Hanff P.; Hanna B.; Isenberg H.D.; McGowan J.

Jr.; Martin W.J.; Moody J.; Murray P.R.; et al.. Anti-Infective Research Center, Department of Pathology, University Iowa College of Medicine, Iowa City, IA 52242, United States. DIAGN. MICROBIOL. INFECT. DIS. 18/1 (49-56) 1994.
ISSN: 0732-8893. CODEN: DMIDDZ. Pub. Country: United States. Language: English. Summary Language: English.

AB Ofloxacin, a newer broad-spectrum **fluoroquinolone**, was evaluated against >12,000 clinical isolates in a multicenter surveillance trial in the United States and Canada using the standardized disk diffusion method. A total of 53 geographically diverse clinical microbiology laboratories contributed zone diameter results for ofloxacin, ciprofloxacin, and norfloxacin for urinary tract infection (UTI) isolates; and ofloxacin and ciprofloxacin for respiratory tract infection (RTI isolates, **skin** and soft tissue infection (SSTI) isolates, and genital tract pathogen isolates. In both the USA and Canada, ofloxacin was shown to have the wide spectrum of activity as follows: RTI isolates, ofloxacin (92.2%-93.8% susceptible) > ciprofloxacin (89.5% - 90.4%); SSTI isolates, ofloxacin (87.1%-93.6%) > ciprofloxacin (78.8%-90.4%); UTI isolates, ofloxacin (91.6%-92.5%) > norfloxacin (87.3%-91.7%) > ciprofloxacin (86.4%89.7%); and genital tract isolates, ofloxacin (94.0%) > ciprofloxacin (85.4%) (Canada only). US strains resistant to ofloxacin were confirmed by reference laboratory tests. Confirmed ofloxacin resistance, other than among staphylococci or nonenteric bacilli, was rare. The species most often found to be resistant to both ofloxacin and ciprofloxacin were methicillin-resistant staphylococci, Acinetobacter spp., and Enterococcus spp. From these contributing US and Canadian laboratory studies, ofloxacin appears to have a balanced spectrum of potential clinical use (91.8% susceptible aerobic isolates), particularly against Gram-positive pathogens and some species resistant to ciprofloxacin. The combined overall isolate (12,241 isolates) rates of susceptibility for ciprofloxacin (four infection sites) and norfloxacin (UTI only) were 87.3% and 88.8%, respectively. Monitoring for increasing **fluoroquinolone** resistance should be considered, however, as greater use of drugs in this class develops.

L37 ANSWER 145 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 32
94:106132 Document No.: 97119132. The appropriateness of oral **fluoroquinolone**-prescribing in the long-term care setting..
Pickering T-D; Gurwitz J H; Zaleznik D; Noonan J P; Avorn J. Brighams and Women's Hosp., 221 Longwood Ave., Suite 309, Boston, MA 02115, USA Journal of the American Geriatrics Society, 42 (1). 1994. 28-32. ISSN: 0002-8614. Language: English

AN 94:106132 BIOSIS

AB Objective: To evaluate the appropriateness of ciprofloxacin-prescribing in the long-term care setting. Design: Retrospective chart review. Setting: A large academically oriented long-term care facility. Patients: Institutionalized elderly patients with a mean age of 88 years. Methods: One hundred orders were randomly selected for review from all ciprofloxacin orders initiated over a 3-year period. Criteria for appropriateness of ciprofloxacin-prescribing were developed based on a comprehensive review of the medical literature. Evaluation of appropriateness of prescribing was based on the indication for therapy and the availability of more effective and/or less expensive alternative **antibiotic** regimens. Only information available to the physician at the time of the order was used to judge appropriateness. Abstracted medical records were evaluated independently by a geriatrician and an infectious diseases specialist. Results: With respect to site of infection, the urinary tract accounted for 43% of all ciprofloxacin orders; the lower

respiratory tract, 28%; and **skin** and soft-tissue infections, 17%. Only 25% of orders were judged appropriate. Twenty-three percent of orders were judged less than appropriate based on indication, and 49% due to the availability of a more effective and/or less expensive alternative **antibiotic** choice. There was insufficient information in the medical record to judge 3% of the orders. Conclusion: These results indicate less than optimal prescribing of oral **fluoroquinolones** in the long-term care setting, with potential consequences including the development of resistant bacterial strains and increased health care costs.

L37 ANSWER 146 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94249659 EMBASE The use of **fluoroquinolones** in neutropenic patients - Analysis of adverse effects. Rubinstein E.; Potgieter P.; Davey P.; Norrby S.R.. Infectious Diseases Unit, Sheba Medical Center, Tel-Aviv University School Medicine, Tel-Hashomer, Israel. J. ANTIMICROB. CHEMOTHER. 34/1 (7-19) 1994.
ISSN: 0305-7453. CODEN: JACHDX. Pub. Country: United Kingdom. Language: English. Summary Language: English.
AB The **fluoroquinolones** have been extensively used in the neutropenic patient. When **fluoroquinolone** monotherapy was used as prophylaxis, frequently for extended periods, the rate of adverse effect of ciprofloxacin (6.9%) ofloxacin (11.6%) and norfloxacin (5.5%) were significantly lower than those of the comparator agents - co-trimoxazole, vancomycin and polymycin. Rash and gastrointestinal upset were the commonest adverse effects associated with the **fluoroquinolones**. When used as monotherapy for bacterial infections, often intravenously and in high dosages, the cumulative rate of adverse effects caused by the **fluoroquinolones** (12.6%) was similar to that caused by the comparator agents (10.3%), but significantly higher than reported for non-neutropenic patients (6.4%) and for prophylactic use. The main adverse events were also rashes (15.4%) and gastrointestinal upset (6.1%). When **fluoroquinolones** were used as therapy of bacterial infections in combination with other agents, the incidence of adverse events was 14.9%, which was similar to the comparator agents (13.5%). Adverse events were also similar except that nephrotoxicity was commonest with comparator combinations (4.0%). The data suggest that **fluoroquinolone** prophylaxis in neutropenic patients, even for prolonged periods, is safer than the comparator agents, but is associated with more frequent adverse events than in non-neutropenic patients. **Fluoroquinolone** therapy, frequently with high dosages, is associated with similar rate of adverse events as the comparator agents. When used in combination with the other **antibiotics**, **fluoroquinolones** are as safe as the comparator agents.

L37 ANSWER 147 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
94237798 EMBASE [Quinolone **antibiotics** in **dermatology** : Therapeutic use and side effects]. GLI **ANTIBIOTICI** CHINOLONICI IN **DERMATOLOGIA**: INDICAZIONI E CONTROINDICAZIONI. Lisi P.. U.O. Dermatol. Allergol./Ambientale, Policlinico Monteluce, 06100 Perugia, Italy. ANN. ITAL. DERMATOL. CLIN. SPER. 48/1 (1-13) 1994.
ISSN: 0365-169X. CODEN: ADCRAG. Pub. Country: Italy. Language: Italian. Summary Language: Italian; English.
AB The family of quinolones is an attractive group of bactericidal **antibiotics** which offers an alternative form of therapy to many currently used betalactams and aminoglycosides. However, their broad spectrum of activity, low toxicity and the opportunity to be

administered orally must not lead to an inappropriate use of these drugs, mainly to avoid inducing bacterial resistance. Now they have an assured place in the management of **skin** infections caused by Pseudomonas aeruginosasa, aerobic gram-negative micro-organisms, and Staphylococci, as well as in the treatment of sexually transmitted diseases due to penicillinase-producing strains of Neisseria gonorrhoeae, Chlamydia trachomatis and Ureaplasma urealyticum. Cutaneous and/or mucous side effects are rare, mild and usually rapidly reversible. These include exanthematous eruptions, urticaria, angio-oedema, but the most typical clinical picture is vesicle bullous phototoxic eruption, whether pseudoporphyria or eczematous. For this reason the patients treated with quinolones should not sunbathe. The quinolones, moreover, should be used with caution in patients with epileptic history, convulsions, severe cerebral arteriosclerosis, renal and/or hepatic failure and in those taking theophylline derivatives, warfarin and antacids. Finally, because of cartilage toxicity in animals, **fluoroquinolones** are not recommended for administration to children or pregnant or nursing women. The pathogenesis of cutaneous adverse reactions and the diagnostic procedures are discussed.

L37 ANSWER 148 OF 214 USPATFULL
93:109071 Antimicrobial quinolonyl esters.
White, Ronald E., Norwich, NY, United States
Demuth, Jr., Thomas P., Montgomery, OH, United States
Norwich Eaton Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
US 5273973 931228
APPLICATION: US 92-933446 920821 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolnyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial activity; and

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or napthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 149 OF 214 USPATFULL
93:85284 Antibacterial 5-alkylquinolonecarboxylic acids.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Krebs, Andreas, Odenthal, Germany, Federal Republic of
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch Gladbach, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5252734 931012
APPLICATION: US 92-831778 920205 (7)
PRIORITY: DE 89-3910663 890403

DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial 5-alkylquinolonecarboxylic acids of the formula ##STR1## in which R.sup.3 is C.sub.1 -C.sub.4 - alkyl,

R.sup.1 is optionally substituted alkyl or cycloalkyl, alkenyl, alkoxy, amino or alkylamino or optionally substituted phenyl,

R.sup.2 is hydrogen or optionally substituted alkyl,

R.sup.4 is a nitrogen-containing heterocyclic radical, and

A is hydrogen, halogen, methyl, cyano or nitro, or forms a bridge with R.sup.1.

and hydrates and salts thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 150 OF 214 USPATFULL
93:67761 Process of preparing enantiomerically pure 1,8-bridged 4-quinolone-3-carboxylic acids.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl, G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5237060 930817
APPLICATION: US 89-315372 890223 (7)
PRIORITY: DE 85-3543513 851210
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention relates to a process for the preparation of highly antibacterially active enantiomerically pure 1,8-bridged 4-quinolone-3-carboxylic acids and derivatives of the formula (I) ##STR1## in which 1) a compound of the formula ##STR2## is reacted with a compound of the formula ##STR3## to form a compound of the formula ##STR4## followed by cyclization to form a compound of the formula ##STR5## and further cyclization to form a compound of the formula ##STR6## an finally reaction of the cyclized product with amines of the formula ##STR7##

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 151 OF 214 USPATFULL
93:5380 Antimicrobial quinolonyl lactam esters.
White, Ronald E., South Plymouth, NY, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
Norwich Eaton Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
US 5180719 930119
APPLICATION: US 91-693790 910429 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial

activity; and

(2) A.sup.2, A.sup.2, A.sup.3, R.sup.7, R.sup.8, and R.sup.9 form any of a variety of quinolone or naphthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 152 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93104122 EMBASE Optimum treatment of Staphylococcal infections.
Turnidge J.; Grayson M.L.. Microbiology Department, Monash Medical Centre, Clayton Road, Clayton, Vic. 3168, Australia. DRUGS 45/3 (353-366) 1993.
ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Serious staphylococcal infections remain a significant clinical problem despite advances in antibacterial therapy. Resistance to penicillin is common and methicillin-resistant staphylococci have become troublesome nosocomial pathogens in many institutions. Penicillinase-resistant penicillins (e.g. flucloxacillin, cloxacillin and oxacillin) are the preferred drugs for all methicillin susceptible staphylococcal infections, although first generation cephalosporins, .beta.-lactam/.beta.-lactamase inhibitor combinations, clindamycin, and occasionally erythromycin and cotrimoxazole (trimethoprim/sulfamethoxazole) are alternatives. Serious infections due to methicillin-resistant staphylococci should be treated with parenteral vancomycin. Teicoplanin, where available, is a suitable alternative. Rifampicin, fusidic acid and some **fluoroquinolones** may be useful oral alternatives, although resistance develops rapidly if they are used as single agents. Cotrimoxazole and minocycline have also proven useful when strains are susceptible. Staphylococcal toxic shock syndrome often requires aggressive resuscitation and anti-staphylococcal therapy for generally 10 to 14 days. Staphylococcus aureus bacteraemia remains a life-threatening condition which, in all but one-third of cases, is associated with an underlying septic focus such as endocarditis, osteomyelitis or occult abscess. Differentiating between complicated and uncomplicated bacteraemia is critical to define the appropriate treatment regimen. Serious staphylococcal sepsis such as endocarditis and acute osteomyelitis generally requires prolonged (4 to 6 weeks) **antibiotic** treatment. Coagulase-negative staphylococci are the commonest cause of prosthetic device infection, and generally require prolonged therapy with an agent to which they have proven to be sensitive, e.g. a penicillinase-resistant penicillin or vancomycin. Removal of infected foreign or prosthetic material, and drainage of deep collections remain a critical aspect of all therapy.

L37 ANSWER 153 OF 214 CAPLUS COPYRIGHT 1998 ACS
1994:671380 Document No. 121:271380 Clinical and laboratory studies of the photosensitizing potential of norfloxacin, a 4-quinolone broad-spectrum **antibiotic**. Ferguson, J.; Johnson, B.E. (Department of Dermatology, University of Dundee, Dundee, DD1 9SY, UK). Br. J. Dermatol., 128(3), 285-95 (English) 1993. CODEN: BJDEAZ. ISSN: 0007-0963.
AB Cutaneous photosensitivity reactions are a consistent although uncommon feature of the **fluoroquinolone** group of **antibiotics**, which are related to nalidixic acid. Objective lab. and clin. data are now routinely required by regulatory bodies for new drugs suspected of being photosensitizers, but no clear recommendations exist. A series of in vitro tests ranging in

complexity revealed a UVA-dependent phototoxic potential for the **fluoroquinolone** norfloxacin similar to that for ciprofloxacin, and less than that of nalidixic acid. Controlled monochromator phototesting, designed to reveal the clin. characteristics, wavelength dependence and severity of cutaneous reactions in normal subjects showed both norfloxacin and ciprofloxacin to have a weak phototoxic potential which clears within 4 wk of stopping the drug. UVA wavelengths (335.+-.30 nm; 365.+-.30 nm) appear most responsible for producing an asymptomatic erythema which is maximal at 24 h. The clin. study differs from those used previously in being blind, contg. pos. and neg. controls, and phototesting after cessation of drug intake. The methodol. has the anticipated limitation of failing to detect idiosyncratic photosensitivity responses.

L37 ANSWER 154 OF 214 MEDLINE

94002827 Document Number: 94002827. New oral macrolide and **fluoroquinolone antibiotics**: an overview of pharmacokinetics, interactions, and safety. Rodvold K A; Piscitelli S C. (Department of Pharmacy Practice, College of Pharmacy, University of Illinois, Chicago 60612..)CLINICAL INFECTIOUS DISEASES, (1993 Aug) 17 Suppl 1 S192-9. Ref: 100. Journal code: A4J. ISSN: 1058-4838. Pub. country: United States. Language: English.

AB During the past decade, there has been a resurgence of interest in the development of oral macrolide and **fluoroquinolone** antimicrobial agents. Azithromycin and clarithromycin are two new oral macrolides whose pharmacokinetics (compared with those of erythromycin) are characterized by improved oral bioavailability, increased tissue penetration and persistence, and longer elimination half-lives. A limited number of interactions with other drugs have been reported for azithromycin and clarithromycin. The most common adverse reactions to the new macrolide agents include nausea, diarrhea, and abdominal pain. Norfloxacin, ciprofloxacin, ofloxacin, temafloxacin, and lomefloxacin are the oral **fluoroquinolones** that have been marketed in the United States thus far. In comparison to nalidixic acid, the newer **fluoroquinolones** have improved pharmacokinetic properties, including greater oral absorption, increased peak serum concentrations and areas under the curve, higher tissue concentrations, and longer elimination half-lives. Divalent or trivalent cations can alter the absorption of all **fluoroquinolones**. Some of the **fluoroquinolones** (norfloxacin, ciprofloxacin, and ofloxacin) can inhibit the cytochrome P-450 enzyme system and thereby cause increased serum concentrations of drugs like theophylline and caffeine. Adverse reactions to the **fluoroquinolones** primarily involve the gastrointestinal system, **skin**, and central nervous system.

L37 ANSWER 155 OF 214 MEDLINE

93273250 Document Number: 93273250. **Fluoroquinolones**: how to use (but not overuse) these **antibiotics**. Sable C A; Scheld W M. (Division of Infectious Diseases, University of Virginia Health Sciences Center, Charlottesville..)GERIATRICS, (1993 Jun) 48 (6) 41-4, 49-51. Ref: 21. Journal code: FO1. ISSN: 0016-867X. Pub. country: United States. Language: English.

AB The **fluoroquinolone antibiotics** are relatively new agents with long serum half lives, a high degree of bioavailability, and a broad spectrum of activity against many gram-negative and some gram-positive organisms. They are useful in a range of clinical settings but should not be considered as

first-line treatment of many infections. Specific indications include chronic osteomyelitis caused by multiple-resistant gram-negative bacilli, chronic bacterial prostatitis refractory to other oral **antibiotics**, complicated urinary tract infections, and empiric therapy of suspected bacterial GI infections. Quinolones may also be considered when patients are allergic to a conventional agent, when infections are caused by multiple-resistant gram-negative bacilli, or when the toxicity of an alternate therapy is greater.

L37 ANSWER 156 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93100696 EMBASE Prescribing considerations in **fluoroquinolone** therapy. Gentry L.O.. St. Luke's Episcopal Hospital, 6720 Bertner Avenue, Houston, TX 77030, United States. PHARMACOTHERAPY 13/2 II (39S-44S) 1993.
ISSN: 0277-0008. CODEN: PHPYDQ. Pub. Country: United States.
Language: English. Summary Language: English.
AB Comparative trials have shown that the new oral **fluoroquinolones** are as effective as parenteral cephalosporins and other broad-spectrum agents in treating infections of the urinary tract, lower respiratory tract, and **skin** and **skin** structure caused by most gram-negative and selected gram-positive pathogens. The agents are also effective in the treatment of prostatitis and osteomyelitis. Sequential parenteral to oral therapy has also proved useful, even in patients who are severely ill and are in intensive care units. This allows patients to be transferred out of intensive care earlier, reduces hospital stay and pharmacy costs, and improves quality of life. Because of the high bioavailability (>95%) of ofloxacin, oral and parenteral doses are identical.

L37 ANSWER 157 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93100691 EMBASE Overview of the **fluoroquinolone antibiotics**. Just P.M.. Clinical Pharmacy Programs, Premier Hospitals Alliance, Inc., Three Westbrook Corporate Center, Westchester, IL 60154-5735, United States. PHARMACOTHERAPY 13/2 II (4S-17S) 1993.
ISSN: 0277-0008. CODEN: PHPYDQ. Pub. Country: United States.
Language: English. Summary Language: English.
AB The **fluoroquinolones** represent an important advance in antimicrobial therapy. Commercially available products in the United States now include norfloxacin, ciprofloxacin, ofloxacin, enoxacin, and lomefloxacin. Although they share a common mechanism of action, they differ significantly in their antimicrobial spectrum of activity, their pharmacokinetic characteristics, and, to a lesser degree, their safety profiles. These compounds are generally highly effective against aerobic gram-negative and many gram-positive isolates; their activity is more limited against anaerobic bacteria. Quinolone-resistant bacteria have been isolated, but most do not appear to pose a clinically significant problem at this time. The agents are effective in the treatment of a wide range of infections. Although some, such as ciprofloxacin and enoxacin, have been associated with clinically significant interactions with theophylline derivatives, others such as ofloxacin and lomefloxacin appear to have a limited propensity for such interactions.

L37 ANSWER 158 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93242922 EMBASE The future of the quinolones. Andriole V.T.. Department of Internal Medicine, Section of Infectious Diseases, Yale University School of Medicine, New Haven, CT, United States. DRUGS 46/SUPPL. 3 (1-7) 1993.

ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.

AB This review attempts to predict the future of the newer **fluoroquinolones** by examining what we have learned about this class of compounds during the past decade, as well as what we are currently learning from research and developmental efforts. The molecular mechanism of action of these compounds provides the potential for use in clinical medicine in areas other than their role as antibacterial agents. The newer **fluoroquinolones** that are currently available and those that have been introduced into the pipeline are categorised by their current stage of development. Also listed are those compounds that have been withdrawn from further investigation. Office practice physicians consider the oral **fluoroquinolones** to be very effective therapeutic agents for many of their patients. Thus, the future of the **fluoroquinolones** looks promising because of their unique mechanism of action, the possibility of developing novel and improved compounds in this class. and the acceptance of these compounds as effective therapeutic agents by clinicians.

L37 ANSWER 159 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.

93227144 EMBASE New oral macrolide and **fluoroquinolone antibiotics**: An overview of pharmacokinetics, interactions, and safety. Rodvold K.A.; Piscitelli S.C.. Pharmacy Practice, College of Pharmacy, University of Illinois, 833 South Wood Street, Chicago, IL 60612, United States. CLIN. INFECT. DIS. 17/SUPPL. 1 (S192-S199) 1993.
ISSN: 1058-4838. CODEN: CIDIEL. Pub. Country: United States. Language: English. Summary Language: English.

AB During the past decade, there has been a resurgence of interest in the development of oral macrolide and **fluoroquinolone** antimicrobial agents. Azithromycin and clarithromycin are two new oral macrolides whose pharmacokinetics (compared with those of erythromycin) are characterized by improved oral bioavailability, increased tissue penetration and persistence, and longer elimination half-lives. A limited number of interactions with other drugs have been reported for azithromycin and clarithromycin. The most common adverse reactions to the new macrolide agents include nausea, diarrhea, and abdominal pain. Norfloxacin, ciprofloxacin, ofloxacin, temafloxacin, and lomefloxacin are the oral **fluoroquinolones** that have been marketed in the United States thus far. In comparison to nalidixic acid, the newer **fluoroquinolones** have improved pharmacokinetic properties, including greater oral absorption, increased peak serum concentrations and areas under the curve, higher tissue concentrations, and longer elimination half-lives. Divalent or trivalent cations can alter the absorption of all **fluoroquinolones**. Some of the **fluoroquinolones** (norfloxacin, ciprofloxacin, and ofloxacin) can inhibit the cytochrome P-450 enzyme system and thereby cause increased serum concentrations of drugs like theophylline and caffeine. Adverse reactions to the **fluoroquinolones** primarily involve the gastrointestinal system, **skin**, and central nervous system.

L37 ANSWER 160 OF 214 USPATFULL

92:104971 Quinolone- and naphthyridone carboxylic acid derivatives, process for their production, antibacterial compositions and feed additives containing them.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch Gladbach, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of

Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of
(non-U.S. corporation)
US 5173484 921222
APPLICATION: US 91-699880 910514 (7)
PRIORITY: DE 88-3803478 880205
DE 88-3814517 880429
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An antibacterially active quinolone or naphthyridonecarboxylic acid derivative of the formula ##STR1## in which R.sup.1 stands for various organic radical,

R.sup.2 stands for hydrogen, alkyl having 1 to 4 carbon atoms or (5-methyl-2-oxo-1,3-dioxol-4-yl)methyl,

R.sup.3 stands for hydrogen or amino,

R.sup.4 stands for a radical of the formula ##STR2## A stands for N or C-R.sup.5, wherein

R.sup.5 stands for hydrogen, halogen methyl, cyano or nitro or else together with R.sup.1 can form a bridge of the structure ##STR3## or a pharmaceutically utilizable hydrate, acid addition salt, alkali metal salt, alkaline earth metal salt, silver salt or guanidinium salt of the carboxylic acid when R.sup.2 is hydrogen.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 161 OF 214 USPATFULL
92:68262 Antibacterial 5-alkylquinolonecarboxylic acids.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Krebs, Andreas, Odenthal, Germany, Federal Republic of
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Gladbach, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of
(non-U.S. corporation)
US 5140033 920818
APPLICATION: US 90-590990 901001 (7)
PRIORITY: DE 89-3910663 890403
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial 5-alkylquinolonecarboxylic acids of the formula ##STR1## in which R.sup.3 is C.sub.1 -C.sub.4 -alkyl,

R.sup.1 is optionally substituted alkyl or cycloalkyl, alkenyl, alkoxy, amino or alkylamino or optionally substituted phenyl,

R.sup.2 is hydrogen or optionally substituted alkyl,

R.sup.4 is a nitrogen-containing heterocyclic radical, and

A is hydrogen, halogen, methyl, cyano or nitro, or forms a bridge with R.sup.1.

and hydrates and salts thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 162 OF 214 USPATFULL
92:65969 Quinoline, naphthyridine and pyridobenzoxazine derivatives.
Chu, Daniel T., Vernon Hills, IL, United States
Cooper, Curt S., Lake Bluff, IL, United States
Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
US 5137892 920811
APPLICATION: US 90-626602 901212 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel antibacterial compounds are disclosed having the formula ##STR1## as well as pharmaceutically acceptable salts, esters, amide and prodrugs thereof,

wherein R.sup.1 is selected from the group consisting of (a) lower alkyl, (b) halo(lower alkyl), (c) lower alkyl(alkynyl), (d) lower cycloalkyl, (e) lower alkylamino, (f) nitrogen-containing aromatic heterocycle, (g) bicyclic alkyl and (h) phenyl;

R.sup.2 is selected from the group consisting of hydrogen, lower alkyl, a pharmaceutically acceptable cation, and a prodrug ester group;

R.sup.3 and R.sup.4 are independently selected from the group consisting of hydrogen, halogen, amino, and lower alkyl;

R.sup.5 is either a nitrogen-containing heterocycle or a nitrogen-containing spiro-bicyclic-heterocycle; and

A is N or C--R.sup.6, wherein R.sup.6 is selected from the group consisting of hydrogen, halogen, lower alkyl, and lower alkoxy, or R.sup.1 and R.sup.6 taken together with the atoms to which they are attached form a 6-membered ring which may contain an oxygen or sulfur atom and which may be substituted with lower alkyl; as well as pharmaceutical compositions comprising such novel compounds and the thereapeutic use thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 163 OF 214 USPATFULL
92:42541 Method for treating benign prostatic hypertrophy.
Gokcen, Muharrem, Minneapolis, MN, United States
Guy, Terry J., Chaska, MN, United States
Immunolytics, Inc., Minneapolis, MN, United States (U.S. corporation)
US 5116615 920526
APPLICATION: US 91-707628 910530 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides a composition and method for treating benign prostatic hypertropy in mammals so as to cause the dissolution and regression of hypertrophied prostatic tissue and thereby provide relief from the obstructive symptoms associated with the disease. The present composition preferably comprises a sterile pyrogen-free solution of the hydrolytic enzymes

collagenase and hyaluronidase, a nonionic surfactant, and an **antibiotic**; all provided, in a pharmaceutically acceptable, buffered, isotonic, aqueous carrier. The present method preferably comprises the direct intraprostatic injection of a safe and therapeutically effective dose of the composition via the transurethral route of administration.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 164 OF 214 MEDLINE

93054009 Document Number: 93054009. Treatment of opportunistic mycobacterial infections with enrofloxacin in cats. Studdert V P; Hughes K L. (Veterinary Clinic and Hospital, School of Veterinary Science, University of Melbourne, Werribee, Victoria, Australia..)JOURNAL OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, (1992 Nov 1) 201 (9) 1388-90. Journal code: HAV. ISSN: 0003-1488. Pub. country: United States. Language: English.

AB Marked improvement was observed in the condition of 6 cats with opportunistic mycobacterial infections during treatment with enrofloxacin, a **fluoroquinolone antibiotic**. Complete remission was achieved in 3 cats after 3 to 7 weeks of treatment. The other 3 cats were euthanatized after 1 to 2 weeks of treatment for reasons not related to the treatment. Lesions did not recur within the follow-up period, which ranged from 9 to 16 months. Treatment of opportunistic mycobacterial infection in cats is complicated because many mycobacteria are resistant to antituberculosis drugs, which also can be toxic to cats, and because results of susceptibility testing with other antimicrobials do not always correlate with clinical response. Often, neither satisfactory nor long-term response is observed in cats treated surgically or with the **antibiotics** currently recommended. These findings suggested that enrofloxacin is effective in the treatment of infections caused by Mycobacterium smegmatis and M fortuitum var fortuitum in cats.

L37 ANSWER 165 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.

92146307 EMBASE Efficacy and safety of temafloxacin versus those of amoxicillin in hospitalized adults with community-acquired pneumonia. Carbon C.; Leophonte P.; Petitpretz P.; Chauvin J.P.; Hazebroucq J.. Department of Medicine, Hopital Bichat, 75018 Paris, France. ANTIMICROB. AGENTS CHEMOTHER. 36/4 (833-839) 1992. ISSN: 0066-4804. CODEN: AMACCQ. Pub. Country: United States. Language: English. Summary Language: English.

AB Temafloxacin, a new **fluoroquinolone**, was compared with amoxicillin in the treatment of adult hospitalized patients with community-acquired pneumonia. In this double-blind, multicenter study, patients were randomly assigned to treatment with temafloxacin at 600 mg twice daily (n = 125) or amoxicillin at 500 mg three times daily (n = 121); the average duration of treatment was 10 days. Clinical recovery rates were similar for patients treated with temafloxacin and amoxicillin (89 and 85%), as were bacterial eradication rates (99 and 97%). This was also true for subgroups of patients with pneumococcal pneumonia (n = 100), nonpneumococcal pneumonia (n = 122), or atypical pneumonia (n = 12). Outcomes for temafloxacin- and amoxicillin- treated patients were also similar in terms of defervescence, improvement in leukocytosis, and radiographic evidence of infection. The frequency and severity of adverse events were similar in both groups, consisting primarily of digestive disorders and **skin** manifestations. We conclude that temafloxacin may be recommended as an alternative antibacterial drug for patients with suspected pneumococcal

pneumonia who fail to respond to benzylpenicillin or amoxicillin when the incidence of multiresistant pneumococcal strains is low. In countries where the incidence of these strains is high, temafloxacin may also be recommended.

L37 ANSWER 166 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
92266199 EMBASE Lomefloxacin and temafloxacin: Two new **fluoroquinolone** antimicrobials. Symonds W.T.; Nix D.E.. Clinical Pharmacokinetics Laboratory, Millard Fillmore Hospital, 3 Gates Circle, Buffalo, NY 14209, United States. CLIN. PHARM. 11/9 (753-766) 1992.
ISSN: 0278-2677. CODEN: CPHADV. Pub. Country: United States. Language: English. Summary Language: English.

AB The chemistry; mechanism of action, antimicrobial spectrum, pharmacokinetics, clinical efficacy, safety, drug interactions, and dosage and administration of lomefloxacin and temafloxacin, two new antimicrobials, are presented. Lomefloxacin and temafloxacin exhibit activity comparable to that of ciprofloxacin against the Enterobacteriaceae. Lomefloxacin has only modest activity against common gram-positive organisms. Temafloxacin exhibits increased activity against the streptococci and moderate activity against many anaerobes, as compared with ciprofloxacin. Lomefloxacin and temafloxacin have only moderate antipseudomonal activity. Their elimination half-lives are 6-10 hours and they have good oral absorption, excellent penetration into many tissues and fluids, and a better drug-interaction profile than other similar agents. Lomefloxacin has demonstrated comparable efficacy to other therapies in the treatment of lower respiratory-tract infections and urinary-tract infections (UTIs) and for prophylaxis before surgical procedures in the urinary tract. Temafloxacin has been shown to be effective in the treatment of lower respiratory-tract infections, infections of the **skin** and associated structures, uncomplicated and complicated UTIs, bacterial prostatitis, and gonococcal and nongonococcal urethritis and cervicitis. The most frequent adverse effects with lomefloxacin are gastrointestinal upset and headache; with temafloxacin, gastrointestinal complaints. Lomefloxacin's dosage is 400 mg p.o. daily for 10 days for treatment of acute bacterial exacerbations in chronic bronchitis or simple cystitis and for 14 days for treatment of complicated UTIs. Lomefloxacin is a new oral **fluoroquinolone** that is indicated for the treatment of various bacterial infections. Temafloxacin, another new **fluoroquinolone**, appeared to have some favorable characteristics but was withdrawn from the market.

L37 ANSWER 167 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93040957 EMBASE Sparfloxacin and other new **fluoroquinolones**. Richard P.; Gutmann L.. Bacteriologie A, CHR Nantes, Pl A Ricordeau, 44035 Nantes Cedex 01, France. J. ANTIMICROB. CHEMOTHER. 30/6 (739-744) 1992.
ISSN: 0305-7453. CODEN: JACHDX. Pub. Country: United Kingdom. Language: English.

L37 ANSWER 168 OF 214 MEDLINE
93139289 Document Number: 93139289. Can **fluoroquinolones** be considered once-daily therapy?. Neu H C. (College of Physicians & Surgeons, Columbia University, New York, New York 10032..)JOURNAL OF CLINICAL PHARMACOLOGY, (1992 Aug) 32 (8) 692-7. Ref: 30. Journal code: HT9. ISSN: 0091-2700. Pub. country: United States. Language: English.

AB **Fluoroquinolone** antimicrobial agents inhibit most

Enterobacteriaceae at extremely low concentrations, less than or equal to 0.5 microgram/mL. The half-lives of the agents range from 4 to 18 hours. Most of the available **fluoroquinolones** can be administered once daily to treat urinary tract and diarrheal infections. Newer agents with long half-lives that inhibit gram positive organisms at lower concentrations than the older **fluoroquinolones**, less than or equal to 1 microgram/mL, and have a long post-**antibiotic** effect have the potential to be used once daily as treatment of respiratory, **skin** -structure and selected bone infections as well. Careful clinical studies are needed to establish the efficacy of once daily use of **fluoroquinolones**, to determine that clinical efficacy is equivalent to multiple doses, and that once-daily dosing does not select more resistant bacteria. Single-dose therapy with quinolones would be an improvement in cost and patient compliance.

L37 ANSWER 169 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 33
92:451940 Document No.: BA94:93340. **FLUOROQUINOLONE** **ANTIBIOTICS** PROPERTIES OF THE CLASS AND INDIVIDUAL AGENTS. STRATTON C. DEP. PATHOL., VANDERBILT UNIV. MED. CENT., NASHVILLE, TENN. CLIN THER, 14 (3). 1992. 348-375. CODEN: CLTHDG; ISSN: 0149-2918. Language: English
AN 92:451940 BIOSIS
AB The broad spectrum of activity and bactericidal nature of the **fluoroquinolones**, together with their excellent absorption, rapid distribution, and high tissue concentration, make them excellent therapeutic agents for the management of a number of complicated community-acquired and nosocomial infections of the urinary tract, bone and soft tissue, gastrointestinal tract, and prostate, as well as some respiratory tract infections and sexually transmitted diseases. Data are presented and reviewed concerning the in vitro activity, pharmacology, and clinical use of ciprofloxacin, norfloxacin, and ofloxacin, which have been available for some time, and lomefloxacin and temafloxacin, which are recently approved agents. The comparable qualities and differences in activity and clinical applications of these agents are considered. For many infections in selected patients, quinolones are excellent substitutes for parental agents. In general, adverse effects have been infrequent and rarely require drug discontinuation. Significant interactions, such as with theophylline and caffeine, have occurred but are quinolone dependent. Antacids can markedly impair the absorption of all quinolones. Because emerging resistance to Pseudomonas and Staphylococcus species have been observed, the improper use of the quinolones must be avoided, and the clinician must be aware that an unfavorable response may signal resistance. The development of future agents with better gram-positive activity, improved gram-negative coverage, and activity against unusual pathogens such as Chlamydia species and Mycobacterium species, will make these oral agents invaluable. Assessing the usefulness and safety of these **antibiotics** in children is an ongoing challenge.

L37 ANSWER 170 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 34
92:498743 Document No.: BA94:117268. THE USE OF ORAL **FLUOROQUINOLONES** IN NURSING HOME PATIENTS. FILE T M JR; TAN J S. AKRON INFECTIOUS DISEASE INC., 75 ARCH ST., SUITE 105, AKRON, OHIO 44304, USA. DRUGS AGING, 2 (4). 1992. 310-329. CODEN: DRAGE6; ISSN: 1170-229X. Language: English
AN 92:498743 BIOSIS
AB The approach to management of patients with presumed infection in the nursing home is influenced by the limited availability of diagnostic tests and support staff. Although **antibiotics** are most

often prescribed in the absence of laboratory data, many studies indicate that empirical therapy for nursing home infections is relatively successful. With the scrutiny on containment of healthcare costs, therapy of nursing home patients has been changing and will continue to shift toward treatment within nursing homes without transfer to a hospital. Better oral antimicrobial agents with a wide spectrum of activity, such as the **fluoroquinolones**, will play a major role in the treatment of many infections acquired in the nursing home. Because of the favourable characteristics of the **fluoroquinolone** agents, they should be useful for elderly patients who develop infections in nursing homes. They have excellent in vitro activity against Gram-negative bacteria which are often multidrug-resistant and are common in nursing home patients. Studies indicate that absorption of orally administered **fluoroquinolones** is very efficient in the elderly and these drugs are well tolerated. Numerous clinical trials have documented good efficacy of the **fluoroquinolones** in the treatment of elderly patients for the most common infections in the nursing home, including urinary tract infections, respiratory tract infections and **skin** infections.

L37 ANSWER 171 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
92145116 EMBASE Focus on temafloxacin: A new rapidly absorbed, extended-spectrum **fluoroquinolone antibiotic**.
Buffington D.E.; Toney J.F.. United States. HOSP. FORMUL. 27/3 (241-247) 1992.
ISSN: 0098-6909. CODEN: HOFOD. Pub. Country: United States.
Language: English. Summary Language: English.
AB Temafloxacin is a new **fluoroquinolone antibiotic** that offers clinically effective treatment for a wide variety of infections. Compared with other available **fluoroquinolone** agents, temafloxacin offers distinct advantages, including a broader spectrum of activity, enhanced tissue penetration, and fewer adverse effects (particularly CNS effects) and drug interactions. Results from clinical trials indicate that temafloxacin provides excellent coverage of Streptococcus pneumoniae, Chlamydia trachomatis, Mycoplasma hominis and staphylococci including Staphylococcus epidermidis. Unlike other **fluoroquinolones**, temafloxacin does not alter serum theophylline levels. Current FDA approved indications include the treatment of lower respiratory tract, **skin** and **skin** structure, and urinary tract infections, including prostatitis. Although not a current FDA approved indication, the use of temafloxacin in the treatment of sexually transmitted diseases appears promising.

L37 ANSWER 172 OF 214 MEDLINE DUPLICATE 35
92254835 Document Number: 92254835. The U.S. clinical experience with lomefloxacin, a new once-daily **fluoroquinolone**. Rizk E.
AMERICAN JOURNAL OF MEDICINE, (1992 Apr 6) 92 (4A) 130S-135S.
Journal code: 3JU. ISSN: 0002-9343. Pub. country: United States.
Language: English.
AB Lomefloxacin is a new **fluoroquinolone** antimicrobial agent that has undergone extensive worldwide clinical evaluation. This report summarizes the safety and efficacy of lomefloxacin in the treatment of uncomplicated urinary tract infections, complicated urinary tract infections, acute exacerbations of chronic bronchitis, and for prophylaxis during urinary tract surgery. The clinical data presented are an overview of all clinical studies conducted in the United States to date. The results have been derived from multiple studies in which patients received lomefloxacin or a comparative agent in either blinded or open-label studies. During the course of

the clinical program in the United States, lomefloxacin has been compared with oral norfloxacin, ciprofloxacin, and cefaclor, as well as parenteral cefotaxime. In all instances, the once-daily oral administration of lomefloxacin was either equally effective or statistically significantly superior in clinical and/or bacteriologic efficacy to these comparative agents. In addition, the comparators were administered either two or three times per day, except in the surgical prophylaxis studies, in which single doses of each **antibiotic** were administered preoperatively. These results attest to the value of the convenience and simplicity of the oral dosing regimen for lomefloxacin. During the course of the clinical program, lomefloxacin was well tolerated, with most adverse events of mild to moderate severity. In general, the incidence of adverse events for patients and subjects receiving lomefloxacin was comparable to that observed in patients treated with comparator drugs. The most common adverse events were related to the gastrointestinal tract (nausea and diarrhea), the **skin** and appendages (photosensitivity), and the central nervous system (dizziness and headache). A sub-analysis of adverse events in the respiratory studies demonstrated that concomitant administration of lomefloxacin and theophylline does not increase the incidence of adverse events when compared to lomefloxacin alone. An additional sub-analysis also showed that the incidence of adverse events in elderly patients was similar to that in younger patients. The results of the U.S. clinical program indicate that lomefloxacin administered orally once daily is effective and well tolerated in a variety of infections of bacterial origin.

L37 ANSWER 173 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
92364651 EMBASE The role of the **fluoroquinolones**. Guay D.R.P.. Section of Clinical Pharmacy, St. Paul-Ramsey Medical Center, 640 Jackson Street, St. Paul, MN 55101, United States.
PHARMACOTHERAPY 12/6 II (71S-85S) 1992.
ISSN: 0277-0008. CODEN: PHPYDQ. Pub. Country: United States.
Language: English. Summary Language: English.

AB Over the past decade, the quinolone antimicrobial class has enjoyed a renaissance with the emergence of the **fluoroquinolone** subclass. Norfloxacin, ciprofloxacin, ofloxacin, enoxacin, and lomefloxacin have the advantages of broad antimicrobial activity profiles including gram-positive and -negative aerobes, favorable pharmacokinetic profiles including substantial oral bioavailability and extensive tissue distribution, and in general, favorable safety profiles. As clinical experience accumulates, our understanding of their optimum roles will become more refined. In six instances, these agents may be preferred over currently available agents: complicated urinary tract infections, empiric therapy of suspected bacterial gastroenteritis, eradication of the Salmonella carrier state, respiratory exacerbations due to Pseudomonas aeruginosa in patients with cystic fibrosis, invasive external otitis, and chronic gram-negative bacillary osteomyelitis. The efficacy and convenience of these agents for the treatment of a broad range of infections have already resulted in their extensive use. Such use carries the risk of selection pressure for the development of resistance and the adverse consequences of increased cost over less expensive, equally effective alternatives. The use of the **fluoroquinolones** should focus on infections where there is demonstrated benefit of these agents over conventional agents or infections for which there are few or no alternatives.

L37 ANSWER 174 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
93017910 EMBASE A worldwide clinical overview of lomefloxacin, a

once-daily **fluoroquinolone**. Rizk E.. Searle, 5200 Old Orchard Road, Skokie, IL 60077, United States. INT. J. ANTIMICROB. AGENTS 2/1 (67-78) 1992.
ISSN: 0924-8579. CODEN: IAAGEA. Pub. Country: Netherlands. Language: English. Summary Language: English.

AB Lomefloxacin, an orally active difluorinated quinolone, is active against a wide variety of clinically relevant Gram-negative and Gram-positve organisms. A total of 3387 evaluable patients received lomefloxacin or a comparative agent in blinded or non-comparative studies of urinary tract infections (both complicated and uncomplicated), acute exacerbations of chronic bronchitis, acute bacterial diarrhea, **skin** and **skin** structure infections, or for prophylaxis during urinary tract surgery or instrumentation. In these studies lomefloxacin was compared with oral norfloxacin, ciprofloxacin, trimethoprim/sulfamethoxazole, amoxicillin and cefaclor, and the parenteral agents cefotaxime and cefuroxime. Once-daily oral administration of lomefloxacin was either equally effective or statistically significantly superior in clinical and/or bacteriologic efficacy to comparative agents that were administered two or three times per day (except for prophylaxis studies, in which single doses of each **antibiotic** were administered preoperatively). The safety of lomefloxacin was assessed in 3246 patients and subjects. Most adverse events were mild to moderate in severity. In general, the incidence of adverse events for patients and subjects receiving lomefloxacin was comparable to that observed in patients treated with comparative drugs. The incidence of adverse events in elderly patients was similar to that observed in younger patients. Concurrent administration of theophylline did not increase the incidence of adverse events. The most common adverse events were related to the gastrointestinal tract (nausea), the **skin** and appendages (photosensitivity) and the central nervous system (dizziness). Lomefloxacin, administered orally once daily, is effective and well tolerated in patients with a variety of infections of bacterial origin.

L37 ANSWER 175 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
92132338 EMBASE Quinolone use in critical care. Piper J.P.; Chang G.L.. Department of Internal Medicine SGHM, David Grant USAF Medical Center, Travis AFB, CA 94535-5300, United States. PROBL. CRIT. CARE 6/1 (64-83) 1992.
ISSN: 0889-4701. CODEN: PCCAEP. Pub. Country: United States. Language: English. Summary Language: English.

AB **Fluoroquinolones** are unique antimicrobials with excellent activity against gram-negative rods, including Pseudomonas aeruginosa. Activity against staphylococci is tempered by rapid development of resistance; streptococci and anaerobes are not susceptible. **Fluoroquinolones** have several important properties, including excellent oral absorption, tissue penetration, and rapid killing. Resistance does occur, especially with Pseudomonas and staphylococci. Combination therapy may prevent resistance. Toxicity is minimal, but interactions with methylxanthines and anti-inflammatory agents occur. **Fluoroquinolones** have had excellent activity in comparative clinical trials for many clinical syndromes, including bacteremia and nosocomial pneumonia in critical care and immunocompromised patients. However, combination therapy should be used to cover gram-positive rods and anaerobes. As clinical experience accumulates, **fluoroquinolones** are becoming vital agents in the care of critically ill patients.

L37 ANSWER 176 OF 214 MEDLINE

92136139 Document Number: 92136139. Pseudomonas aeruginosa infection in cancer patients. Rolston K V; Bodey G P. (Department of Medical Specialties, University of Texas M.D. Anderson Cancer Center, Houston..)CANCER INVESTIGATION, (1992) 10 (1) 43-59. Ref: 109. Journal code: CAI. ISSN: 0735-7907. Pub. country: United States. Language: English.

AB Pseudomonas aeruginosa is an important cause of infection in immunosuppressed patients, particularly those with cancer. However, it is being recognized with greater frequency in patients who appear to be immunocompetent. Changes in modern lifestyles have led to the appearance of some new manifestations of pseudomonas infection including corneal ulceration and keratitis associated with contact lenses, and hot-tub- or whirlpool-associated folliculitis. These represent additional hazards to patients with cancer. Many studies, both in animals and humans, have contributed to our knowledge of the pathogenesis, immunology, treatment, and prevention of pseudomonas infections. Although the aminoglycosides represented a significant step forward in the treatment of these infections, of greater importance was the discovery of the antipseudomonal penicillins. These **antibiotics** are more effective than the aminoglycosides in neutropenic patients, who are especially susceptible to pseudomonal infections. The older antipseudomonal penicillins (carbenicillin, tircarcillin) have largely been replaced by newer ones (mezlocillin, azlocillin, pipercillin) which are more potent in vitro against P. aeruginosa. Although the accepted therapeutic practice has been to utilize a penicillin in combination with an aminoglycoside, the introduction of newer beta lactam agents and **fluoroquinolones** with antipseudomonal properties offers the possibility of other approaches to combination therapy. These include the combination of a penicillin or a cephalosporin or the combination of a quinolone with an aminoglycoside or a betalactam **antibiotic**. However, the development of newer antimicrobial agents is not likely to be a lasting solution to the problem of pseudomonas infections. Since pseudomonas infection often progresses rapidly, optimal results will always depend upon the prompt initiation of appropriate therapy in febrile patients, particularly those who are at high risk. The use of granulocyte transfusions has proved to be of limited benefit. Early data with the use of monoclonal antibodies is promising, and the results of large-scale trials are eagerly awaited. It is hoped that continuing investigation of pseudomonas vaccines will lead to the discovery of effective prophylaxis for highly susceptible patients. It is also hoped that with the availability of GM-CSF it will become possible to reduce the period of risk for serious infections. Finally, a reduction in the frequency of microbiologically proven P. aeruginosa infections in cancer patients should not lead to the assumption that these organisms do not constitute a problem in such patients anymore. The use of prophylactic **antibiotics** and prompt empiric **antibiotic** coverage for therapy has resulted in this decline. Cultures are therefore unlikely to be positive with the same frequency as they were before antimicrobial prophylaxis and empiric **antibiotic** therapy became standard practice.(ABSTRACT TRUNCATED AT 400 WORDS)

L37 ANSWER 177 OF 214 USPATFULL

91:102307 Prodrug derivatives of carboxylic acid drugs.
Bundgaard, Hans, Tjornevej 36, DK-2970 Horsholm, Denmark
Nielsen, Niels M., Cumberlandsgade 15, st.th., DK-2300 Copenhagen, Denmark
US 5073641 911217

WO 8801615 880310
APPLICATION: US 88-188407 880426 (7)
WO 87-DK104 870825 880426 PCT 371 date 880426 PCT 102(e) date
PRIORITY: DK 86-4066 860826
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel ester derivatives of carboxylic acid medicaments of formula (I), wherein R--COO--represents the acyloxy residue of a carboxylic acid drug or medicament, n is an integrer from 1 to 3, and R.sub.1 and R.sub.2 are the same or different and are selected from a group consisting of an alkyl, an alkenyl, an aryl, an aralkyl, a cycloalkyl and which group may be unsubstituted or substituted, or R.sub.1 and R.sub.2 together with the N forms a 4-, 5-, 6- or 7-membered heterocyclic ring, which in addition to the nitrogen atom may contain one or two further heteroatoms selected from the group consisting of nitrogen, oxygen and sulfur and which heterocyclic group may be substituted. These compounds are highly biolabile prodrug forms of the corresponding carboxylic acid compounds and are highly susceptible to undergoing enzymatic hydrolysis in vivo whereas they are highly stable in aqueous solution. The novel derivatives are less irritating to mucosa than the parent carboxylic acids and may provide an improved bio-availability of the drugs.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 178 OF 214 USPATFULL
91:92536 3-substituted-1-aryl-2(H)-quinolones and their pharmaceutical compositions.
McCombie, Stuart W., Caldwell, NJ, United States
Schering Corporation, Kenilworth, NJ, United States (U.S. corporation)
US 5064837 911112
APPLICATION: US 89-435148 891113 (7)
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel 3-substituted-1-aryl-2(1H)-quinolones useful as anti-allery, anti-inflammatory, anti-hyperproliferative **skin** disease agents are disclosed. The quinolones are represented by Formula 1: Pharmaceutical compositions and methods of treatment employing such compounds are also disclosed.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 179 OF 214 USPATFULL
91:86737 7-(4-oxa or 4-thia-2,7-diazabicyclo[3.3.0]oct-2-en-3-yl)-3-quinolone-and-naphthyridone-carboxylic acid derivatives as antibacterial agents and feed additives.
Petersen, Uwe, Bayerwerk, Germany, Federal Republic of
Schenke, Thomas, Bayerwerk, Germany, Federal Republic of
Krebs, Andreas, Bayerwerk, Germany, Federal Republic of
Grohe, Klaus, Bayerwerk, Germany, Federal Republic of
Schriewer, Michael, Bayerwerk, Germany, Federal Republic of
Haller, Ingo, Wuppertal-Elberfeld, Germany, Federal Republic of
Metzger, Karl G., Wuppertal-Elberfeld, Germany, Federal Republic of
Endermann, Rainer, Wuppertal-Elberfeld, Germany, Federal Republic of
Zeiler, Hans-Joachim, Wuppertal-Elberfeld, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5059597 911022

APPLICATION: US 90-580906 900910 (7)
PRIORITY: DE 88-3824072 880715
DE 89-3906365 890301
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB 7-(1-Pyrrolidinyl)-3-quinolone- and -naphthyridone-carboxylic acid derivatives as antibacterial agents and feed additives, of the formula ##STR1## in which X.sup.1 is halogen,

X.sup.2 is hydrogen, halogen, amino or other radical,

R.sup.1 is alkyl, cycloalkyl, optionally substituted phenyl or other radical,

R.sup.2 is hydrogen, alkyl or a dioxolylmethyl radical,

R.sup.3 is ##STR2## and A is N, CH, C-halogen, or the like, or forms a bridge with R.sup.1,

and addition products thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 180 OF 214 USPATFULL
91:70963 Glass microbeads for biochemical separation of material from a fluid medium.
Dubois, Dominique, Brussels, Belgium
Deizant, Marcel, Charleroi, Belgium
Toussaint, Francois, Montignies-le-Tilleul, Belgium
Kemp, Thierry, Brussels, Belgium
Glaverbel, Brussels, Belgium (non-U.S. corporation)
US 5045201 910903
APPLICATION: US 89-408224 890918 (7)
PRIORITY: GB 88-22180 880921
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Glass microbeads bearing a coating which includes at least one binding agent fixed to the glass microbeads, and which binding agent is adapted releasably to bind to a material contained within a fluid medium by a biological affinity reaction, whereby the material can be removed from the fluid medium with the glass microbeads and then stripped from the glass microbeads while leaving the at least one binding agent attached to the glass microbeads. Inventive microbeads may bear a monomolecular layer of a silane as a fixing agent for a binding agent which is selected for its biological affinity for the material to be separated.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 181 OF 214 USPATFULL
91:46716 Intramuscular injection forms of gyrase inhibitors.
Pollinger, Norbert, Odenthal, Germany, Federal Republic of
Serno, Peter, Bergisch Gladbach, Germany, Federal Republic of
Hofmann, Wolfram, Bonn, Germany, Federal Republic of
Beermann, Dieter, Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 5023257 910611
APPLICATION: US 90-549664 900706 (7)
PRIORITY: DE 88-3812508 880415
DE 89-3902079 890125

DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Ciprofloxacin and related gyrase inhibitors are tolerated well if administered intramuscularly in the form of an aqueous suspension of the betaine form having an approximate neutral pH value or in the form of an oily suspension of the betaine or salts thereof. Oily suspensions which contain the active material in water-soluble form, eventually in form of the hydrochlorides, lactates, mesilates, methanesulfonates and other salts, are capable of releasing the active compound very rapidly, particularly when the wettability of the oily carrier medium is increased by addition of interfacially surface active materials.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 182 OF 214 USPATFULL
91:10825 7-(1-pyrrolidinyl)-3-quinolone- and -naphthyridonecarboxylic acid derivatives as antibacterial agents and feed additives.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Schenke, Thomas, Bergisch-Gladbach, Germany, Federal Republic of
Krebs, Andreas, Odenthal-Holz, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Haller, Ingo, Wuppertal, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Endermann, Rainer, Wuppertal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4990517 910205
APPLICATION: US 89-375434 890630 (7)
PRIORITY: DE 88-3824072 880715
DE 89-3906365 890301
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB 7-(1-Pyrrolidinyl)-3-quinolone- and -naphthyridonecarboxylic acid derivatives as antibacterial agents and feed additives, of the formula ##STR1## in which X.sup.1 is halogen,

X.sup.2 is hydrogen, halogen, amino or other radical,

R.sup.1 is alkyl, cycloalkyl, optionally substituted phenyl or other radical,

R.sup.2 is hydrogen, alkyl or a dioxolylmethyl radical,

R.sup.3 is ##STR2## A is N, CH, C-halogen, or the like, or forms a bridge with R.sup.1, and addition products thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 183 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
92004523 EMBASE Ofloxacin: A reappraisal of its antimicrobial activity, pharmacology and therapeutic use. Todd P.A.; Faulds D.. Adis International Limited, 41 Centorian Drive, Private Bag, Mairangi Bay, Auckland 10, New Zealand. DRUGS 42/5 (825-876) 1991. ISSN: 0012-6667. CODEN: DRUGAY. Pub. Country: New Zealand. Language: English. Summary Language: English.
AB Ofloxacin is a **fluoroquinolone** whose primary mechanism of action is inhibition of bacterial DNA gyrase. In vitro it has a broad spectrum of activity against aerobic Gram-negative and

Gram-positive bacteria, although it is poorly active against anaerobes. Ofloxacin, unlike most other broad spectrum antibacterial drugs, can be administered orally as well as intravenously. Penetration into body tissues and fluids is highly efficient. Clinical trials with orally and intravenously administered ofloxacin have confirmed its potential for use in a wide range of infections, where it has generally proved as effective as standard treatments. Ofloxacin is well tolerated, and in comparison with other available-**fluoroquinolones** is less likely to cause clinically relevant drug interactions. Ofloxacin thus offers a valuable oral treatment (with an option for intravenous administration if necessary) for use in a wide range of clinical infections, but with a particular advantage in more severe or chronic infections when recourse to parenteral broad spectrum agents would normally be required, thereby providing cost savings and additionally allowing outpatient treatment.

L37 ANSWER 184 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
91199522 EMBASE Side-effects of quinolones: Comparisons between quinolones and other **antibiotics**. Norrby S.R.. Department of Infectious Diseases, University of Lund, Lund University Hospital, 22185 Lund, Sweden. EUR. J. CLIN. MICROBIOL. INFECT. DIS. 10/4 (378-383) 1991.
ISSN: 0934-9723. CODEN: EJCDEU. Pub. Country: Germany, Federal Republic of. Language: English.

AB **Fluoroquinolones** are generally very safe **antibiotics** which do not cause serious or life-threatening adverse reactions. The most frequent side-effects are gastrointestinal reactions (nausea, dyspepsia, vomiting) and CNS reactions such as dizziness, insomnia and headache. Many of the more severe CNS reactions seem to be due to metabolic interaction with theophylline, especially when enoxacin is used. Of the potentially serious side-effects, phototoxicity has been reported in varying frequencies with the different **fluoroquinolones**. Caution is necessary when this group of drugs, especially pefloxacin, is prescribed to patients who will have intensive exposure to UV light during treatment. The finding in juvenile animals of cartilage damage after administration of high doses have resulted in recommendations that **fluoroquinolones** should not be used in children. Carefully monitored studies should be performed in paediatric patients to assess whether there is a real risk of such adverse reactions.

L37 ANSWER 185 OF 214 MEDLINE DUPLICATE 36
92117012 Document Number: 92117012. Systemic management of cutaneous bacterial infections. Parish L C; Witkowski J A. (Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania..)AMERICAN JOURNAL OF MEDICINE, (1991 Dec 30) 91 (6A) 106S-110S. Ref: 44. Journal code: 3JU. ISSN: 0002-9343. Pub. country: United States. Language: English.

AB Cutaneous bacterial infections can be treated by a variety of modalities, although systemic antimicrobial agents usually provide the most efficacious and efficient means for treatment. Oral administration allows outpatient management, thus decreasing the overall cost of treatment. Although gram-negative organisms are increasingly implicated in **dermatologic** infections, the bacteria that are commonly found in **skin** infections include group A beta-hemolytic Streptococcus and Staphylococcus aureus, which cause many types of pyoderma or impetigo. Not every patient exhibits the common signs of bacterial **skin** infection, which can include redness, crusting, induration,

increased local temperature, serous exudate, a purulent discharge, pustules, bullae, or a foul-smelling odor, as well as such symptoms as malaise, pain, and tenderness. Bacterial confirmation may also be difficult. Beta-lactam **antibiotics**, tetracycline, and erythromycin have proven useful in this setting; however, increasing resistance is problematic. The management of bacterial infections of the **skin** and **skin** structure has been expanded during the past decade with the introduction of the new **fluoroquinolones**--agents with a wide spectrum of antimicrobial activity and good pharmacokinetic characteristics. While the clinical efficacy of each agent must be considered in the light of risk of adverse events and potential drug interactions, ciprofloxacin, enoxacin, ofloxacin, and temafloxacin appear to be most useful for cutaneous bacterial infections.

L37 ANSWER 186 OF 214 MEDLINE DUPLICATE 37
92156067 Document Number: 92156067. Review of quinolones in the treatment of infections of the **skin** and **skin** structure. Gentry L O. (Infectious Diseases Section, St. Luke's Episcopal Hospital, Houston, Texas..)JOURNAL OF ANTIMICROBIAL CHEMOTHERAPY, (1991 Dec) 28 Suppl C 97-110. Ref: 63. Journal code: HD7. ISSN: 0305-7453. Pub. country: ENGLAND: United Kingdom. Language: English.

AB The oral **fluoroquinolones** ciprofloxacin, ofloxacin and temafloxacin are active against staphylococci, Enterobacteriaceae and Pseudomonas aeruginosa. Ciprofloxacin has been extensively studied, and is as effective as parenteral third-generation cephalosporins in many difficult infections of the **skin** and **skin** structure. Ofloxacin has been less extensively studied, yet is probably more effective than ciprofloxacin against Staphylococcus aureus, while less effective against P. aeruginosa. Temafloxacin is an oral quinolone, and appears to be a promising agent for **skin** and soft tissue infections due to its extended spectrum of activity, including anaerobic pathogens. Oral **fluoroquinolone** monotherapy, when combined with surgical debridement and local management, may be effective in many difficult infections of the **skin** and **skin** structure previously treated with parenteral **antibiotics**.

L37 ANSWER 187 OF 214 MEDLINE
91177591 Document Number: 91177591. [Comparison of the adverse effect profile of different substances such as penicillins, tetracyclines, sulfonamides and quinolones]. Vergleich der Nebenwirkungsprofile verschiedener Substanzen wie Penicilline, Tetrazykline, Sulfonamide und Chinolone. Keller H. (Medizinische Klinik, Pneumologische Abteilung, Tiefenauspital der Stadt und Region Bern, Switzerland..)INFECTION, (1991) 19 Suppl 1 S19-24. Ref: 17. Journal code: GO8. ISSN: 0300-8126. Pub. country: GERMANY: Germany, Federal Republic of. Language: German.

AB The penicillins, the tetracyclines and the sulfonamides have often been used in the last few decades in spite of their well-known side effects. Hypersensitivity reactions to penicillins are among the most important adverse reactions in these **antibiotics**; in every case a careful medical history has to be taken before a new course of penicillin treatment. The use of tetracyclines in women during the last six months of pregnancy or in children under the age of eight years is contraindicated. Patients with severe blood, kidney or liver disease should not be treated with sulfonamides. Toxic reactions to penicillin even with convulsions may occur in patients with renal insufficiency if the dosage is not adapted. The **fluoroquinolones** do not seem to have greater risks regarding

adverse reactions than the historical compounds mentioned. Neurotoxicity is an important problem. Mild reactions are reported with incidences under 2%; severe neurotoxic side effects that require interruption of therapy are rare. Psychotic reactions, hallucinations, depressions and grand mal convulsions also belong to this category. Other side effects (**skin**, GI-tract) are no more frequent than with the classical **antibiotics**. In patients with renal insufficiency the dosage of ofloxacin has to be adapted. The cartilage lesions which are seen in juvenile rats and dogs raise the question whether or not the cases of arthralgia during therapy with older quinolones as well as under treatment with **fluoroquinolones** have a causal relationship. Up to date quinolones should not be prescribed in children and young adults except in cases with cystic fibrosis. The development of resistance has not been a significant problem so far.(ABSTRACT TRUNCATED AT 250 WORDS)

L37 ANSWER 188 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
91020715 EMBASE Adverse reactions to penicillins, tetracyclines, sulfonamides and quinolones. Keller H.. Medizinische Klinik und Pneumologische Abteilung, Tiefenauspital der Stadt und Region Bern, Tiefenaustrasse, CH-3004 Bern, Switzerland. INFECTION 19/SUPPL. 1 (S19-S 24) 1991.
ISSN: 0300-8126. CODEN: IFTNAL. Pub. Country: Germany, Federal Republic of. Language: German. Summary Language: English.

AB The penicillins, the tetracyclines and the sulfonamides have often been used in the last few decades in spite of their well-known side effects. Hypersensitivity reactions to penicillins are among the most important adverse reactions in these **antibiotics**; in every case a careful medical history has to be taken before a new course of penicillin treatment. The use of tetracyclines in women during the last six months of pregnancy or in children under the age of eight years is contraindicated. Patients with severe blood, kidney or liver disease should not be treated with sulfonamides. Toxic reactions to penicillin even with convulsions may occur in patients with renal insufficiency if the dosage is not adapted. The **fluoroquinolones** do not seem to have greater risks regarding adverse reactions than the historical compounds mentioned. Neurotoxicity is an important problem. Mild reactions are reported with incidences under 2%; severe neurotoxic side effects that require interruption of therapy are rare. Psychotic reactions, hallucinations, depressions and grand mal convulsions also belong to this category. Other side effects (**skin**, GI-tract) are no more frequent than with the classical **antibiotics**. In patients with renal sufficiency the dosage of ofloxacin has to be adapted. The cartilage lesions which are seen in juvenile rats and dogs raise the question whether or not the case of arthralgia during therapy with older quinolones as well as under treatment with **fluoroquinolones** have a causal relationship. Up to date quinolones should not be prescribed in children and younger adults except in cases with cystic fibrosis. The development of resistance has not been a significant problem so far. Although the frequency of spontaneous point mutation to resistance is very low (< 1:1010), organisms with this type of resistance due to an altered DNA gyrase have been isolated. The one step mutation leads to an increase of MICs of mutant bacteria in the range of four- to eightfold. In patients who are treated for prolonged periods (e.g. patients with indwelling urethral catheters) it is higly likely that resistance to quinolones will appear. Increases in MICs have been reported for staphylococci (in **skin**-structure infections and in osteomyelitis), Pseudomonas aeruginosa (in respiratory infections)

and, less frequently, for Serratia and Enterobacter. For this reason we suggest not to prescribe **fluoroquinolones** as first line anti-infective agents, especially not in cases where streptococci or penumococci are supposed to be involved. Last not least one should recognize the fact that the quinolones are much more expensive than many of the conventional and older antimicrobial agents.

L37 ANSWER 189 OF 214 USPATFULL
90:95196 Process for preparing 1,8-bridged 4-quinolone-3-carboxylic acid antibacterials.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Croche, Klaus, Glanthal, Germany, Federal Republic of
Zeiler, Hans-Jonchim, Valbert, Germany, Federal Republic of
Hetzner, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4977263 901211
APPLICATION: US 89-412975 890925 (7)
PRIORITY: DE 86-3600891 860115
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterially active new 1,8-bridged 4-quinolone-3-carboxylic acid derivatives of the formula ##STR1## in which Y is carboxyl or a derivative thereof

R.sup.1, R.sup.2, R.sup.3, X.sup.1, X.sup.2 and X.sup.5 are H or various radicals,

Z is Om NH, substituted NH, ##STR2## m and n are 0 or 1, and A, B, D and E are CH or substituted C or up to three of them are N,

and physiologically acceptable salts thereof. Novel intermediates are described as well as processes for making the intermediates and end products.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 190 OF 214 USPATFULL
90:73610 Intermediates for preparing 1,8-bridged 4-quinolone-3-carboxylic acids.
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Leverkusen, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4958045 900918
APPLICATION: US 89-331339 890330 (7)
PRIORITY: DE 85-3522406 850622
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A process for the preparation of a 1,8-bridged 4-quinolone-3-carboxylic acid of the formula ##STR1## comprising in a first reaction step reacting an enamine of the formula ##STR2## in an anhydrous, aprotic solvent with one equivalent of a base, at a temperature from 80.degree. C. to 180.degree. C., to give a 4-quinolone-3-carboxylic acid derivative of the formula ##STR3## and, in a second reaction step, reacting that with another equivalent of a base, to give the 1,8-bridged 4-quinolone-3-carboxylic acid derivative of the formula (I) and optionally converting the group Y into a carboxyl group or salt thereof. Both steps may be effected simultaneously in a one-pot process without intermediate isolation of the compound II. Some of

the compounds are new. The old and new compounds are antibacterials and promote animal growth.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 191 OF 214 USPATFULL
90:19562 1-dethia-2-thia-cephalosporanic acids.
Costerousse, Germain, Saint-Maurice, France
Gouin d'Ambrieres, Solange, Paris, France
Teutsch, Jean-Georges, Pantin, France
Uclaf, Roussel, Paris, France (non-U.S. individual)
US 4908359 900313
APPLICATION: US 88-153148 880208 (7)
PRIORITY: FR 87-1457 870206
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB 1-dethia-2-thia-cephalosporanic acids of the formula ##STR1## wherein R is selected from the group consisting of ##STR2## R.sub.b --NH--and ##STR3## R.sub.a is an organic radical R.sub.i and R.sub.j are individually selected from the group consisting of hydrogen, aliphatic, aromatic and heterocycle or taken together with the nitrogen atom form an optionally substituted heterocycle, R.sub.b is optionally substituted carbocyclic or heterocyclic aryl, R.sub.1B is --[CH.dbd.CH].sub.n1 --CH.sub.2 --S--R.sub.m, n.sub.1 is 0, 1 or 2, Rm is an unsaturated radical including a positively charged and doubly bonded nitrogen atom and bonded to the sulfur atom through a carbon atom, R.sub.4 is hydrogen or methoxy, n.sub.2 is 0, 1 or 2 and A is selected from the group consisting of hydrogen, alkali metal ion, or alkaline earth metal ion, magnesium ion, ammonium ion, an organic amine base and an ester group or --COOA is --COO.sup.- and their non-toxic, pharmaceutically acceptable acid addition salts, having **antibiotic** activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 192 OF 214 USPATFULL
90:13530 Intermediates for 1,8-bridged 4-quinolone-3-carboxylic acid antibacterials.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Crohe, Klaus, Odenthal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4902795 900220
APPLICATION: US 88-272619 881117 (7)
PRIORITY: DE 86-3600891 860115
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterially active new 1,8-bridged 4-quinolone-3-carboxylic acid derivatives of the formula ##STR1## in which Y is carboxyl or a derivative thereof

R.sup.1, R.sup.2, R.sup.3, R.sup.4, X.sup.1, X.sup.2 and X.sup.5 are H or various radicals,

Z is O, NH, substituted NH, ##STR2## or ##STR3## m and n are 0 or 1, and A, B, D and E are CH or substituted C or up to three of them are N,

and physiologically acceptable salts thereof. Novel intermediates are described as well as processes for making the intermediates and end products.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 193 OF 214 AGRICOLA
92:29145 Document No.: IND92006912. New therapeutic agents in veterinary **dermatology**. Mundell, A.C. Animal Dermatology Service, Seattle, WA Avail.: DNAL (SF601.V523). The Veterinary clinics of North America : Small animal practice, Nov 1990. Vol. 20, No. 6. p. 1541-1556 Publisher: Philadelphia, Pa. : W.B. Saunders Company.
ISSN: 0195-5616
Language: English.

L37 ANSWER 194 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS DUPLICATE 38
90:372801 Document No.: BA90:59482. PHARMACOKINETIC BACTERIOLOGICAL AND CLINICAL STUDIES IN THE PEDIATRIC FIELD ON NORFLOXACIN. NAKAZAWA S; NIINO K; SATO H; NARITA A; MATSUMOTO K; NAKAZAWA S; SUZUKI H; NAKANISHI Y. DEP. PEDIATRICS, SCHOOL MEDICINE, SHOWA UNIVERSITY, JPN. JPN J ANTIBIOT, 43 (5). 1990. 799-807. CODEN: JJANAX; ISSN: 0368-2781. Language: Japanese
AN 90:372801 BIOSIS
AB We have evaluated norfloxacin (NFLX), a **fluoroquinolone** agent, in tablet form for its efficacy and safety in the field of pediatrics. 1. Mean serum concentrations of NFLX following oral administration to 3 children at dose levels of 3.2 mg/kg, 3.7 mg/kg and 5.4 mg/kg were, respectively, 0.7 .mu.g/ml, 0.18 .mu.g/ml and 0.64 .mu.g/ml at 2 .apprx. 4 hours. Mean serum half-lives (T 1/2) of NFLX were 2.5 .apprx. 2.9 hours and mean urinary recovery rates in the first 6 hours after administrations were 7.1 .apprx. 30.7%, depending on dose levels. 2. Antibacterial actiivities of NFLX against clinically isolated 30 organisms from children were determined. MIC of NFLX against Staphylococcus aureus was similar to that of ABPC, 0.39 .apprx. 25 .mu.g/ml. MIC of NFLX against Escherichia coli was approximately .ltoreq. 0.10 .mu.g/ml. This MIC value was lower than other **antibiotics**. MIC of NFLX against Vibrio parahaemolyticus was .ltoreq. 0.10 .mu.g/ml. 3. NFLX was administered to 30 patients (7 patients with Salmonella enteritis, 7 patients with Campylobacter enteritis, 5 patients with other enteritis, 1 patient with bacillary dysentery, 8 patients with urinary tract infection, 2 patients with **skin** soft tissue infection). The clinical responses of these 30 patients were as follows; excellet: 24 patients, good: 4 patients. The efficacy rate was 93.3%. 4. The bacteriological efficacy rate was of NFLX against clinically isolated 29 organisms from children was 75.9%, including 3 cases in which other antimicrobial agents had been ineffective. Especially against Salmonella spp. was superior to other agents tested. 5. Neither clinical adverse reaction nor abnormal laboratory data was found in any of these 33 patients. NFLX was considered to be a useful and safe antimicrobial agent in pediatric patients with an excellent bactericidal capacity.

L37 ANSWER 195 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
90390570 EMBASE Foot ulceration and infections in elderly diabetics. Lipsky B.A.; Pecoraro R.E.; Ahroni J.H.. Seattle VA Medical Center (111M), 1660 S. Columbian Way, Seattle, WA 98108, United States. CLIN. GERIATR. MED. 6/4 (747-769) 1990.
ISSN: 0749-0690. CODEN: CGMEE6. Pub. Country: United States.
Language: English.

AB Foot lesions occur commonly among patients with diabetes, particularly the elderly and those with sensory neuropathy. Because of serious or recurrent infections and impaired healing processes, initially trivial lesions may progress to chronic nonhealing wounds, gangrene, or untreatable infections that can lead to limb amputation. Strategies to prevent amputation depend on understanding the multifactorial nature of diabetic foot disease; providing effective ongoing preventive care, including patient education; and prompt and aggressive treatment of foot lesions when they occur. The approach to treatment of infections depends on many factors, including the severity of the soft tissue infection, whether or not underlying bone or joints are involved, the types of infecting organisms, the patient's social situation, and his other medical problems. Proper diagnostic studies followed by appropriate antimicrobial therapy and local wound care can usually lead to resolution of these potentially serious infections.

L37 ANSWER 196 OF 214 MEDLINE DUPLICATE 39
91046455 Document Number: 91046455. **Antibiotic** therapy for common infections. Ellison M J; Crabtree D W. (Department of Family Medicine, East Carolina University School of Medicine, Greenville, North Carolina..)PRIMARY CARE; CLINICS IN OFFICE PRACTICE, (1990 Sep) 17 (3) 521-41. Ref: 114. Journal code: P99. ISSN: 0095-4543. Pub. country: United States. Language: English.
AB Several important points regarding the treatment of urinary tract infections should be made. Single-dose and short-course **antibiotic** therapy is appropriate only for women with acute bacterial cystitis due to E. coli. Studies comparing single-dose to full-course therapy have not been sufficiently designed to draw valid statistical conclusions, and only TMP/SMX is recommended at this time. Recurrent UTI in women is almost always due to reinfection, which is best managed by prophylactic **antibiotics**. Acute bronchitis and acute exacerbations of chronic bronchitis are often due to viral infections, and therefore **antibiotic** therapy is not always needed. In acute exacerbations of chronic bronchitis, the clearest success rates for **antibiotic** therapy have been in patients, who have all three of the following symptoms: increased dyspnea, increased sputum production, and sputum purulence. Mupirocin is an important addition to the agents used to treat bacterial **skin** infections due to streptococcal and staphylococcal strains. In impetigo, mupirocin has been demonstrated to be as effective or superior to oral erythromycin. In prostatitis, data on the **fluoroquinolones** appears impressive, but further comparative trials are needed. They may become first-line, empiric therapy. The newer oral **antibiotics** are not recommended as initial, empiric therapy in the outpatient management of common infections, with the possible exception of the treatment of prostatitis. These newer agents may be more important in the treatment of recurrent or resistant infections.

L37 ANSWER 197 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
90391430 EMBASE The clinical problems of bacterial resistance to the new quinolones. Acar J.F.; Francoual S.. Hopital Saint-Joseph, Laboratoire de Microbiologie Medicale, 7 Rue Pierre Larousse, 75674 Paris Cedex 14, France. J. ANTIMICROB. CHEMOTHER. 26/SUPPL. B (207-213) 1990.
ISSN: 0305-7453. CODEN: JACHDX. Pub. Country: United Kingdom. Language: English.
AB Clinical problems of bacterial resistance to the new **fluoroquinolones** are emerging as their use increases.

Emergence of resistant strains has been observed in various types of infections, especially of the respiratory tract. Only limited studies, however, deal with strains isolated from clinical specimens. The identity between the original strain and the resistant variant is rarely proved. Resistance to quinolones can be due to a modification in DNA gyrase or to an alteration in outer membrane permeability (pleiotropic resistance). Methicillin-resistant Staphylococcus aureus and Pseudomonas aeruginosa have been recognized as species at risk of developing such resistance. Strategies to minimize the emergence of resistance are discussed.

L37 ANSWER 198 OF 214 MEDLINE DUPLICATE 40
91079082 Document Number: 91079082. Quinolones in perspective. Neu H C. (Department of Medicine, College of Physicians and Surgeons, Columbia University, New York, NY 10032..)JOURNAL OF ANTIMICROBIAL CHEMOTHERAPY, (1990 Oct) 26 Suppl B 1-6. Ref: 12. Journal code: HD7. ISSN: 0305-7453. Pub. country: ENGLAND: United Kingdom. Language: English.

AB **Fluoroquinolones** have been in use for the past five years. The agents inhibit Enterobacteriaceae, Pseudomonas aeruginosa, and staphylococci, but some agents lack activity against streptococci and none of the commercially available agents inhibits anaerobic species. The **fluoroquinolones** possess many pharmacological advantages which have made them excellent therapy for urinary, selected respiratory, gastrointestinal, **skin**, soft tissue, bone, and sexually transmitted infections. They have also proved useful as prophylaxis in neutropenic patients. A major problem for the future is that inappropriate and indiscriminate use of quinolones will cause rapid development of resistance, particularly among staphylococci and P. aeruginosa.

L37 ANSWER 199 OF 214 USPATFULL
89:69871 Preparation of 1,8-bridged 4-quinoline-3-carboxylic acids.
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Leverkusen, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4859773 890822
APPLICATION: US 88-172612 880324 (7)
PRIORITY: DE 85-3522406 850622
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A process for the preparation of a 1,8-bridged 4-quinolone-3-carboxylic acid of the formula ##STR1## comprising in a first reaction step reacting an enamine of the formula ##STR2## in an anhydrous, aprotic solvent with one equivalent of a base, at a temperature form 80.degree. C. to 180.degree. C., to give a 4-quinolone-3-carboxylic acid derivative of the formula ##STR3## and, in a second reaction step, reacting that with another equivalent of a base, to give the 1,8-bridged 4-quinolone-3-carboxylic acid derivative of the formula (I) and optionally converting the group Y into a carboxyl group or salt thereof. Both steps may be effected simultaneously in a one-pot process without intermediate isolation of the compound II. Some of the compounds are new. The old and new compounds are antibacterials and promote animal growth.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 200 OF 214 USPATFULL
89:49721 Pyridine-enamines.

Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of
(non-U.S. corporation)
US 4841059 890620
APPLICATION: US 87-108839 871015 (7)
PRIORITY: DE 86-3600891 860115
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterially active new 1,8-bridged 4-quinolone-3-carboxylic acid derivatives of the formula ##STR1## in which Y is carboxyl or a derivative thereof

R.sup.1, R.sup.2, R.sup.3, R.sup.4, X.sup.1, X.sup.2 and X.sup.5 are H or various radicals,

Z is O, NH, substituted NH, ##STR2## m and n are 0 or 1, and

A, B, D, and E are CH or substituted C or up to three of them are N,

and physiologically acceptable salts thereof. Novel intermediates are described as well as processes for making the intermediates and end products.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 201 OF 214 USPATFULL
89:23406 Antibacterial 1,8-bridged 4-quinolonecarboxylic acids.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Hagemann, Hermann, Leverkusen, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of
(non-U.S. corporation)
US 4816451 890328
APPLICATION: US 87-68074 870629 (7)
PRIORITY: DE 86-3623757 860715
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterially effective 1,8-bridged 4-quinolone-3-carboxylic acids and derivatives of the formula ##STR1## in which Y represents a carboxyl group, a nitrile group, an ester group --COOR.sup.7 or an acid amide group --CONR.sup.8 R.sup.9,

X.sup.1 represents hydrogen, nitro, alkyl with 1-3 carbon atoms, or halogen,

X.sup.5 represents hydrogen, halogen or alkyl,

R.sup.10 and R.sup.11 complete an optionally substituted ring, and

n is 0 or 1,

and pharmaceutically usable hydrates, salts and esters thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 202 OF 214 USPATFULL
89:12883 1-cyclopropyl-6-fluoro-1,4-dihydro-4-oxo-7-(1-piperazinyl)-3-quinolinecarboxylic acids and antibacterial agents containing them.
Petersen, Uwe, Leverkusen, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4806539 890221
APPLICATION: US 86-931575 861117 (6)
PRIORITY: DE 85-3542002 851128
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An antibacterial 1-cyclopropyl-6-fluoro-1,4- dihydro-4-oxo-7-(1-piperazinyl)-3-quinolinecarboxylic acid of the formula ##STR1## in which R represents branched or straight-chain propyl or butyl which is optionally substituted by hydroxy or methoxy, unsubstituted tert.-butyl, 2-methylthioethyl, trifluoromethylthiomethyl, 2-trifluoromethylthioethyl, cycloalkyl with 3 to 6 carbon atoms, cycloalkenyl having 5 to 6 carbon atoms optionally substituted by hydroxyl, 1,1-dioxidotetrahydrothiophen-3-yl, cyclopropylmethyl, 1-phenethyl, furylmethyl, allyl or propargyl optionally substituted by phenyl and their pharmaceutically usable hydrates, acid addition salts, metal and guanidinium salts and prodrug forms.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 203 OF 214 MEDLINE DUPLICATE 41
89256247 Document Number: 89256247. Treatment of Pseudomonas aeruginosa auricular perichondritis with oral ciprofloxacin. Noel S B; Scallan P; Meadors M C; Meek T J Jr; Pankey G A. (Department of Dermatology, Louisiana State University, New Orleans 70112..)JOURNAL OF DERMATOLOGIC SURGERY AND ONCOLOGY, (1989 Jun) 15 (6) 633-7. Journal code: HZA. ISSN: 0148-0812. Pub. country: United States. Language: English.
AB Pseudomonas aeruginosa auricular perichondritis can be a serious and expensive postoperative infection requiring prolonged hospitalization and intravenous administration of **antibiotics**. Oral antimicrobial agents have not been effective in the treatment of serious P. aeruginosa infections. Recently completed clinical trials have shown that oral ciprofloxacin, one of the new **fluoroquinolone** antimicrobials, is effective in the treatment of certain P. aeruginosa infections. We report two cases of P. aeruginosa auricular perichondritis successfully treated as outpatients with oral ciprofloxacin. This article also reviews the salient features of the new **fluoroquinolones** and their impact on antimicrobial therapy of serious **skin** and **skin** -structure infections.

L37 ANSWER 204 OF 214 MEDLINE
90064087 Document Number: 90064087. Use of ciprofloxacin in podiatric medicine. LeFrock J L. JOURNAL OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION, (1989 Oct) 79 (10) 497-9. Journal code: JPA. ISSN: 8750-7315. Pub. country: United States. Language: English.
AB Ciprofloxacin is the first of the new class of **antibiotics** known as **fluoroquinolones** to be approved for use in **skin**, **skin** structure, and bone and joint infections. It has an extremely broad spectrum and is particularly

effective against traditionally resistant gram-negative rods. As an oral agent, it is as effective as parenteral drugs against a variety of organisms and diseases. Its spectrum, pharmacokinetics, and podiatric indications are reviewed.

L37 ANSWER 205 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
89249314 EMBASE **Fluoroquinolone** antimicrobial agents. Wolfson J.S.; Hooper D.C.. Harvard Medical School and Infectious Disease Unit, Medical Services, Massachusetts General Hospital, Boston, MA 02114, United States. CLIN. MICROBIOL. REV. 2/4 (378-424) 1989.
ISSN: 0893-8512. CODEN: CMIREX. Pub. Country: United States.
Language: English.

AB The **fluoroquinolones**, a new class of potent orally absorbed antimicrobial agents, are reviewed, considering structure, mechanisms of action and resistance, spectrum, variables affecting activity in vitro, pharmacokinetic properties, clinical efficacy, emergence of resistance, and tolerability. The primary bacterial target is the enzyme deoxyribonucleic acid gyrase. Bacterial resistance occurs by chromosomal mutations altering deoxyribonucleic acid gyrase and decreasing drug permeation. The drugs are bactericidal and potent in vitro against members of the family Enterobacteriaceae, Haemophilus spp., and Neisseria spp., have good activity against Pseudomonas aeruginosa and staphylococci, and (with several exceptions) are less potent against streptococci and have fair to poor activity against anaerobic species. Potency in vitro decreases in the presence of low pH, magnesium ions, or urine but is little affected by different media, increased inoculum, or serum. The effects of the drugs in combination with a .beta.-lactam or aminoglycoside are often additive, occasionally synergistic, and rarely antagonistic. The agents are orally absorbed, require at most twice-daily dosing, and achieve high concentrations in urine, feces, and kidney and good concentrations in lung, bone, prostate, and other tissues. The drugs are efficacious in treatment of a variety of bacterial infections, including uncomplicated and complicated urinary tract infections, bacterial gastroenteritis, and gonorrhea, and show promise for therapy of prostatitis, respiratory tract infections, osteomyelitis, and cutaneous infections, particularly when caused by aerobic gram-negative bacilli.
Fluoroquinolones have also proved to be efficacious for prophylaxis against travelers' diarrhea and infection with gram-negative bacilli in neutropenic patients. The drugs are effective in eliminating carriage of Neisseria meningitidis. Patient tolerability appears acceptable, with gastrointestinal or central nervous system toxicities occurring most commonly, but only rarely necessitating discontinuance of therapy. In 17 of 18 prospective, randomized, double-blind comparisons with another agent or placebo, **fluoroquinolones** were tolerated as well as better than the comparison regimen. Bacterial resistance has been uncommonly documented but occurs, most notably with P. aeruginosa and Staphylococcus aureus and occasionally other species for which the therapeutic ratio is less favorable. **Fluoroquinolones** offer an efficacious, well-tolerated, and cost-effective alternative to parenteral therapies of selected infections.

L37 ANSWER 206 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
89077753 EMBASE The **fluoroquinolones**. James D.G.. Royal Free Hospital, London, United Kingdom. BR. J. CLIN. PRACT. 43/2 (66-67) 1989.
ISSN: 0007-0947. CODEN: BJCPAT. Pub. Country: United Kingdom.
Language: English.

AB The family of **fluoroquinolones** is an attractive group of

bactericidal **antibiotics** with a wide range of activity against Gram-negative organisms and some Gram-positive bacteria. In addition to being highly bactericidal, these **antibiotics** are effective by mouth, side effects are few and bacterial resistance is minimal. These **antibiotics** have an assured place in the management of urinary tract infections, gonorrhoea, chlamydial infection, cystic fibrosis, typhoid fever, travellers' diarrhoea, biliary infection and as an alternative agent in respiratory infections. Nalidixic acid was the pioneer quinolone, but has now been succeeded by a whole new family of **fluoroquinolones** with greater bactericidal activity and a considerably wider antibacterial spectrum. Ciprofloxacin (Ciproxin, Bayer UK Ltd) is joined by norfloxacin (Noroxin, Merck, Sharpe & Dohme), perfloxacin, ofloxacin and enoxacin. This family of **fluoroquinolones** is attractive because effective treatment can be given by mouth, they are highly bactericidal, side effects are minimal and the spectrum of bacterial resistance seems to be small. There is also an obvious economic advantage over parenterally-administered drugs.

L37 ANSWER 207 OF 214 USPATFULL
88:50298 Antibacterial 1,8-bridged 4-quinolone-3-carboxylic acids.
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Schriewer, Michael, Leverkusen, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4762831 880809
APPLICATION: US 86-874182 860613 (6)
PRIORITY: DE 85-3522406 850622
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A process for the preparation of a 1,8-bridged 4-quinolone-3-carboxylic acid of the formula ##STR1## wherein the substituents are defined hereinbelow. Some of the compound are new. The old and new compounds are antibacterials and promote animal growth.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 208 OF 214 USPATFULL
88:9909 1,8-bridged 4-quinolone-3-carboxylic acid antibacterials.
Schriewer, Michael, Odenthal, Germany, Federal Republic of
Grohe, Klaus, Odenthal, Germany, Federal Republic of
Zeiler, Hans-Joachim, Velbert, Germany, Federal Republic of
Metzger, Karl G., Wuppertal, Germany, Federal Republic of
Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
US 4725595 880216
APPLICATION: US 87-1318 870108 (7)
PRIORITY: DE 86-3600891 860115
DOCUMENT TYPE: Utility.
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterially active new 1,8-bridged 4-quinolone-3-carboxylic acid derivatives of the formula ##STR1## in which Y is carboxyl or a derivative thereof

R.sup.1, R.sup.2, R.sup.3, R.sup.4, X.sup.1, X.sup.2 and X.sup.5 are H or various radicals,

Z is O, NH, substituted NH, --CON< or --SO.sub.2 N<,

m and n are 0 or 1, and

A, B, D and E are CH or substituted C or up to three of them are N,

and physiologically acceptable salts thereof. Novel intermediates are described as well as processes for making the intermediates and end products.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L37 ANSWER 209 OF 214 BIOSIS COPYRIGHT 1998 BIOSIS
88:376098 Document No.: BA86:60008. METHICILLIN-RESISTANT STAPHYLOCOCCUS-AUREUS INFECTIONS. CHANG S-C; HSU L-Y; LUH K-T; HSIEH W-C. DEP. INTERN. MED., NATL. TAIWAN UNIV. HOSP., NO. 1, CHANG-TE ST., TAIPEI, TAIWAN. J FORMOSAN MED ASSOC, 87 (2). 1988. 157-163. CODEN: TIHHAH; ISSN: 0371-7682. Language: English

AN 88:376098 BIOSIS

AB Infection due to methicillin-resistant Staphylococcus aureus (MRSA) has become a world-wide problem since the late 1970's. In Taiwan, the isolation frequency of MRSA has been increasing in recent years. From January 1983 to September 1986, we found 95 infections of MRSA in 83 patients at the National Taiwan University Hospital. Fifty-four cases (65.1%) were nosocomial and 29 cases (34.9%) were community-acquired. The mean hospitalization day was 89.9 days for the nosocomial cases, 34.5 days for the community-acquired cases, and 74.4 days for the total cases. The most common infected sites were **skin** and subcutaneous tissue either with or without a wound, followed in order of frequency by the respiratory tract. They accounted for 43.3% and 14.7% of the cases, respectively. Predisposing factors could be identified in 52 cases, including surgical procedures, endotracheal tube, chest tube, intravenous catheter, burn, and other injuries, etc. The in vitro activity of 17 antimicrobial agents against 75 clinical isolates of MRSA collected in this period showed that they were highly resistant to most of the .beta.-lactam **antibiotics**, either old or newly developed. They were also resistant to gentamicin and rifampicin. The minimal inhibitory concentration for 90% of the isolates (MIC90) of these **antibiotics** were 64 .mu.g/ml or greater. All these isolates were susceptible to vancomycin with the MIC90 being 1 .mu.g/ml. In addition, newer **fluoroquinolones** including norfloxacin, ofloxacin, and ciprofloxacin, were very active against these MRSA isolates, the MIC90s were 2, 0.25, and 0.25 .mu.g/ml, respectively. Before more convincing evidence of in vivo effect of **fluoroquinolones**, vancomycin is still the drug of choice for the treatment of MRSA infections. It is worthy to do further study for confirming the in vivo effectiveness of **fluoroquinolones** in order to have more alternative drugs for the treatment of MRSA infections.

L37 ANSWER 210 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
88216318 EMBASE Malignant external otitis: treatment with **fluoroquinolones**. Joachims H.Z.; Danino J.; Raz R.. Department of Otolaryngology, Rambam Medical Center, Haifa 35254, Israel. AM. J. OTOLARYNGOL., HEAD NECK MED. SURG. 9/3 (102-105) 1988.
ISSN: 0196-0709. CODEN: AJOTDP. Pub. Country: United States.
Language: English.

AB Malignant external otitis (MEO) is still a potentially lethal disease. Early treatment based on a correct diagnosis is the most important single factor in achieving a cure for the disease. The

preferred treatment is long-term systemic **antibiotics** followed by surgical intervention. Hyperbaric oxygen therapy may be supplemented in refractory cases. A new **fluoroquinolone**, Ciprofloxacin, has been successfully used in four cases of MEO which did not respond to the accepted treatment. Ciprofloxacin is active against a broad spectrum of bacteria, including Pseudomonas aeruginosa, and several clinical studies have demonstrated its efficacy in the treatment of urinary tract and soft tissue infections, osteomyelitis, pneumonia, and gastroenteritis. This report is the first of which we are aware to document the use of Ciprofloxacin in the treatment of MEO.

L37 ANSWER 211 OF 214 MEDLINE DUPLICATE 42
88234110 Document Number: 88234110. Ofloxacin: its pharmacology, pharmacokinetics, and potential for clinical application. Drew R H; Gallis H A. (Division of Infectious Diseases, Duke University Medical Center, Durham, North Carolina 27710..)PHARMACOTHERAPY, (1988) 8 (1) 35-46. Ref: 104. Journal code: PAR. ISSN: 0277-0008. Pub. country: United States. Language: English.

AB Ofloxacin is a 4-quinolone **antibiotic** with rapid bactericidal activity against a wide variety of organisms. Its proposed mechanism of activity is interference with DNA gyrase, an enzyme essential for the replication of bacterial DNA. In vitro activity of ofloxacin includes a variety of aerobic and anaerobic bacteria. Enteric gram-negative bacilli and cocci are generally sensitive to ofloxacin; nonaeruginosa strains of Pseudomonas are less so. Numerous bacterial pathogens of the gastrointestinal tract are also sensitive to the drug. Although its MIC values for gram-positive aerobic organisms are generally higher, ofloxacin's bactericidal activity against these organisms is considered by some to be adequate, and superior to that of most other **fluoroquinolones**. Ofloxacin is well absorbed after oral administration. Wide tissue and body fluid distribution is demonstrated. Urinary excretion is thought to be the primary route of elimination, with 80% of the dose recovered in the urine within 24 hours. The serum half-life ranges between 2.9 and 9 hours in a dose-dependent manner. Only modest accumulation is reported after multiple-dose administration. Clinical trials using daily dosages of 100-800 mg/day in single or divided doses have been reported in the treatment of a variety of conditions such as **skin** and soft tissue infections, tonsillitis, sexually transmitted disease, respiratory tract infections, cystitis, and complicated and uncomplicated urinary tract infections. English reports of these trials, however, are generally limited to abstract form, making evaluation of trial design difficult. Side effects most frequently encountered include gastrointestinal and central nervous system reactions.

L37 ANSWER 212 OF 214 CAPLUS COPYRIGHT 1998 ACS
1987:210841 Document No. 106:210841 Reversed incomplete cross-resistance among the older and newer quinolone **antibiotics**. Van Caekenberghe, D. L.; Pattyn, S. R. (Univ. Hosp., Univ. Antwerp, Antwerp, Belg.). J. Antimicrob. Chemother., 19(3), 404 (English) 1987. CODEN: JACHDX. ISSN: 0305-7453.

AB Bacterial strains with elevated MICs for nalidixic acid, oxolinic acid and rosoxacin tend to be less susceptible to ciprofloxacin, enoxacin, norfloxacin, ofloxacin and pefloxacin. This phenomenon has been called incomplete cross-resistance between the older quinolone compds. and the **fluoroquinolones**, and is thought to result from the enhanced activity of the new derivs. A Flavobacterium multivorans strain that proved to be susceptible to

oxolinic acid and acrosoxacin but resistant to the **fluoroquinolones** was isolated from a routine surveillance **skin** swab culture in a granulocytopenic leukemia patient at the Antwerp University Hospital. This is the first report on reversed incomplete cross-resistance among the older and newer quinolone **antibiotics**. It bears marked significance as for the controversial subject of the mechanism of action of the **fluoroquinolones**. Maybe there is not just a magnification of the activity of the older derivs., but also a different mechanism of action.

L37 ANSWER 213 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
88124452 EMBASE Clinical efficacy of ciprofloxacin therapy for gram-negative bacillary osteomyelitis. Trexler Hessen M.; Ingerman M.J.; Kaufman D.H.; Weiner P.; Santoro J.; Korzeniowski O.M.; Boscia J.; Topiel M.; Bush L.M.; Kaye D.; Levison M.E.. Division of Infectious Diseases, Department of Medicine, Medical College of Pennsylvania, Philadelphia, PA, United States. AM. J. MED. 82/4 A (262-265) 1987.
ISSN: 0002-9343. CODEN: AJMEAZ. Pub. Country: United States. Language: English.
AB The efficacy and toxicity of ciprofloxacin, an orally administered **fluoroquinolone**, were evaluated in 24 infections in 23 patients with osteomyelitis caused by aerobic gram-negative bacilli. The diagnosis was confirmed by surgical findings and the results of bone biopsy and culture of bone or deep soft tissue. The aerobic gram-negative bacilli were Pseudomonas aeruginosa (15 isolates), Serratia marcescens (five isolates), Escherichia coli (three isolates), Enterobacter species (three isolates), Proteus mirabilis (one isolate), Pseudomonas fluorescens (one isolate), and Klebsiella pneumoniae (one isolate). Minimal bactericidal concentrations (MBCs) were 1.56 .mu.g/ml or less for all but one isolate. Nine infections were polymicrobial, involving aerobic gram-positive cocci or anaerobes in addition to aerobic gram-negative bacilli. Additional **antibiotics** to which the aerobic gram-negative bacilli were resistant were given when the additional organisms were resistant to ciprofloxacin. Patients received 750 mg of ciprofloxacin twice daily for a mean of 62 days. Peak serum levels of ciprofloxacin were at least threefold higher than the MBCs in 20 of 24 patients. Twenty of 22 infections in which a full course of therapy was completed were without evidence of active disease at one to 17 months posttreatment. A sternotomy wound infection relapsed after eight weeks of therapy with a newly resistant S. marcescens strain, and an infection of a compound fracture relapsed two months posttreatment with a still sensitive P. aeruginosa strain. Toxicity was minimal in most patients: eosinophilia (six patients), nausea (eight patients), mild elevation in transaminase levels (three patients), pruritus (one patient), diarrhea (two patients), thrush (two patients), rash (two patients), and mild leukopenia (one patient). Two additional patients had severe side effects (vertigo in one and acute renal failure in another) that required discontinuation of ciprofloxacin therapy. Overall, ciprofloxacin is a promising agent for the oral treatment of gram-negative bacillary osteomyelitis.

L37 ANSWER 214 OF 214 EMBASE COPYRIGHT 1998 ELSEVIER SCI. B.V.
87096975 EMBASE Ciprofloxacin and norfloxacin, two **fluoroquinolone** antimicrobials. Nix D.E.; DeVito J.M.. The Clinical Pharmacokinetics Laboratory, Millard Fillmore Hospitals, Buffalo, NY 14209, United States. CLIN. PHARM. 6/2 (105-117) 1987.
CODEN: CPHADV. Pub. Country: United States. Language: English.
AB The chemistry, mechanism of action, antimicrobial spectrum,

pharmacokinetics, clinical efficacy, adverse effects, and dosage and administration of ciprofloxacin and norfloxacin are reviewed, and mechanisms of antimicrobial resistance and drug and laboratory interactions are described. Norfloxacin is the first antimicrobial in the **fluoroquinolone** class to be marketed in the United States; ciprofloxacin is under investigation in clinical trials. The **fluoroquinolones** are structurally related to nalidixic acid. The activity and spectrum are enhanced by the addition of 6-**fluoro** and 7-piperazino substituents. **Quinolone** antimicrobials appear to inhibit DNA gyrase, an enzyme specific and essential for all bacteria, as their primary mechanism of action. As a result, DNA synthesis is inhibited. Ciprofloxacin and norfloxacin are active against gram-negative enteric bacteria, Pseudomonas aeruginosa, Haemophilus influenzae, and Neisseria gonorrhoeae. Ciprofloxacin has good activity against Staphylococcus spp., including methicillin-resistant Staph. aureus. Norfloxacin generally is less potent than ciprofloxacin, particularly against Ps. aeruginosa and Staph. aureus. Peak concentrations occur about one to two hours after an oral administration of either drug. Both drugs are widely distributed in body fluids and tissues and are eliminated by renal excretion, metabolism, and biliary excretion. Dosage reductions are required in several renal dysfunction. Ciprofloxacin and norfloxacin are effective agents for treating urinary-tract infections, including infections caused by Ps. aeruginosa. The recommended dosage of norfloxacin for urinary-tract infections in adults is 400 mg orally every 12 hours; the drug should be given for 7 to 10 days in uncomplicated infections and for 10 to 21 days in complicated ones. The **fluoroquinolones** may be useful for treating chronic bacterial prostatitis. Ciprofloxacin is potentially useful for treating sexually transmitted diseases. Ciprofloxacin is active against N. gonorrhoeae, including .beta.-lactamase-producing strains and strains that are resistant to tetracycline, and Chlamydia spp. Use of ciprofloxacin for treating gastrointestinal infections and for selective decontamination of the gastrointestinal tract is promising. In open studies, ciprofloxacin has been effective against a variety of infections caused by susceptible organisms. Resistance to ciprofloxacin has developed during treatment of infections caused by Ps. aeruginosa, Staph. aureus, and Serratia marcescens. The most frequently reported adverse effects of either drug are gastrointestinal complaints, headache, and dizziness. Ciprofloxacin and norfloxacin are promising new antimicrobial agents that have potent activity against a broad spectrum of bacterial pathogens. Norfloxacin is currently marketed for the treatment of urinary-tract infections in adults. The exact role of the **fluoroquinolones** relative to other antimicrobial agents should become clearer as comparative efficacy studies are performed.

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	282.02	791.58

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-14.92	-32.42

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X12 antibiotics + topical - skin - acetone 8/13/98


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> s ointment or cream or lotion or gel or salve or tincture or transdermal

  10 FILES SEARCHED...
  17 FILES SEARCHED...
L8      1443039 OINTMENT OR CREAM OR LOTION OR GEL OR SALVE OR TINCTURE
                OR TRANSDERMAL

=> s l5 and l8

L9          181 L5 AND L8

=> s l6 and l8

L10          32 L6 AND L8

=> s l9 and acetone

L11          38 L9 AND ACETONE

=> s l10 and acetone

L12          11 L10 AND ACETONE

=> d l12 1-11 bib abs


L12  ANSWER 1 OF 11  USPATFULL
AN      1998:65227  USPATFULL
TI      Kappa agonist compounds pharmaceutical formulations and method of
        prevention and treatment of pruritus therewith
IN      Kruse, Lawrence I., Haddonfield, NJ, United States
        Chang, An-Chih, Bensalem, PA, United States
        DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
        Farrar, John J., Chester Springs, PA, United States
        Gaul, Forrest, Douglassville, PA, United States
        Kumar, Virendra, Paoli, PA, United States
        Marella, Michael Anthony, Philadelphia, PA, United States
        Maycock, Alan L., Malvern, PA, United States
        Zhang, Wei Yuan, Collegeville, PA, United States
PA      Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI      US 5763445  980609
AI      US 97-891833  970714 (8)
RLI     Continuation-in-part of Ser. No. US 97-796078, filed on 5 Feb
        1997, now patented, Pat. No. US 5688955 which is a
        continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar
        1996, now patented, Pat. No. US 5646151
DT      Utility
EXNAM   Primary Examiner: McKane, Joseph
LREP    Balogh, Imre
CLMN    Number of Claims: 3
ECL     Exemplary Claim: 1
DRWN    No Drawings
LN.CNT 4965
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB      Compounds having kappa opioid agonist activity, compositions
        containing them and method of using them as analgesics and
        anti-pruritic agents are provided.
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The compounds of formular I, II, III and IV have the structure: ##STR1## wherein X, X.sub.4, X.sub.5, X.sub.7, X.sub.9 ;

R.sub.1, R.sub.2, R.sub.3, R.sub.4 ; and

Y, Z and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 2 OF 11 USPATFULL
AN 1998:45193 USPATFULL
TI Kappa agonist compounds and pharmaceutical formulations thereof
IN Kruse, Lawrence I., Haddonfield, NJ, United States
Chang, An-Chih, Phoenixville, PA, United States
DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
Farrar, John J., Chester Springs, PA, United States
Gaul, Forrest, Glen Moore, PA, United States
Kumar, Virendra, Paoli, PA, United States
Marella, Michael Anthony, Exton, PA, United States
Maycock, Alan L., Malvern, PA, United States
Zhang, Wei Yuan, Collegeville, PA, United States
PA Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI US 5744458 980428
AI US 97-899086 970723 (8)
RLI Division of Ser. No. US 97-796078, filed on 5 Feb 1997, now patented, Pat. No. US 5688955 which is a continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar 1996, now patented, Pat. No. US 5646151
DT Utility
EXNAM Primary Examiner: McKane, Joseph
LREP Balogh, Imre
CLMN Number of Claims: 15
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 4618
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds having kappa opioid agonist activity, compositions containing them and method of using them as analgesics are provided.

The compound of formula II has the structure: ##STR1## wherein X.sub.4, X.sub.5 ;

R.sub.1, R.sub.2 ; and

Ar and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 3 OF 11 USPATFULL
AN 97:107236 USPATFULL
TI Kappa agonist compounds and pharmaceutical formulations thereof
IN Kruse, Lawrence I., Haddonfield, NJ, United States
Chang, An-Chih, Phoenixville, PA, United States
DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
Farrar, John J., Chester Springs, PA, United States
Gaul, Forrest, Glen Moore, PA, United States
Kumar, Virendra, Paoli, PA, United States
Marella, Michael Anthony, Exton, PA, United States
Maycock, Alan L., Malvern, PA, United States
Zhang, Wei Yuan, Collegeville, PA, United States
PA Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI US 5688955 971118
AI US 97-796078 970205 (8)
RLI Continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar 1996
DT Utility

EXNAM Primary Examiner: McKane, Joseph
LREP Balogh, Imre
CLMN Number of Claims: 15
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 4645
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds having kappa opioid agonist activity, compositions containing them and method of using them as analgesics are provided.

The compounds of formulae I, II, III and IV have the structure: ##STR1## wherein X, X.sub.4, X.sub.5, X.sub.7, X.sub.9 ;

R.sub.1, R.sub.2, R.sub.3, R.sub.4 ; and

Y, Z and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 4 OF 11 USPATFULL
AN 97:88981 USPATFULL
TI Antimicrobial dithiocarbamoyl quinolones
IN Demuth, Jr., Thomas Prosser, Norwich, NY, United States
White, Ronald Eugene, South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5672600 970930
AI US 94-327063 941021 (8)
RLI Division of Ser. No. US 91-696985, filed on 2 May 1991, now patented, Pat. No. US 5387748 which is a continuation of Ser. No. US 89-418029, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Roof, Carl J.; Hake, Richard A.
CLMN Number of Claims: 33
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1544
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the dithiocarbamate containing moiety;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 5 OF 11 USPATFULL
AN 97:59221 USPATFULL
TI Quinolone 5-(N-heterosubstituted amino) antimicrobials
IN Demuth, Jr., Thomas Prosser, Montgomery, OH, United States
White, Ronald Eugene, West Chester, OH, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5646163 970708
AI US 94-235003 940428 (8)
RLI Continuation-in-part of Ser. No. US 92-968960, filed on 30 Oct

1992, now abandoned
DT Utility
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Mach, D. Margaret M.
LREP Roof, Carl J.; Hake, Richard A.; Winter, William J.
CLMN Number of Claims: 20
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1789
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention relates to antimicrobial 5-(N-heterosubstituted amino) quinolone compounds having a structure according to Formula (I) or (II): ##STR1## wherein (1) R.sup.1, R.sup.2, R.sup.3, R.sup.9 and R.sup.10 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(a) R.sup.4 and R.sup.5 are, independently, hydrogen; lower alkyl; cycloalkyl; heteroalkyl; or --C(.dbd.O)--X--R.sup.8, where X is a covalent bond, N, O, or S, and R.sup.8 is lower alkyl, lower alkenyl, arylalkyl, a carbocylic ring, or a heterocyclic ring; or

(b) R.sup.4 and R.sup.5 together comprise a heterocyclic ring that includes the nitrogen to which they are bonded;

and the pharmaceutically-acceptable salts, biohydrolyzable esters, biohydrolyzable amides, and solvates thereof. The invention also relates to compositions comprising these compounds, as well as methods for treating infectious disorders using the compounds and/or compositions of the present invention.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 6 OF 11 USPATFULL
AN 97:42881 USPATFULL
TI Antimicrobial quinolone thioureas
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5631256 970520
AI US 94-225123 940408 (8)
RLI Division of Ser. No. US 90-513368, filed on 20 Apr 1990, now patented, Pat. No. US 5328908 which is a continuation-in-part of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Roof, Carl J.; Hake, Richard A.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1264
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the thiourea containing moiety

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 7 OF 11 USPATFULL
AN 96:70456 USPATFULL
TI Combination method of treating acne using 4-AZA-5.alpha.-cholestan-ones and 4-AZA-5.alpha.-androstan-ones as selective 5.alpha.-reductase inhibitors with anti-bacterial, keratolytic, or anti-inflammatory agents
IN Waldstreicher, Joanne, Scotch Plains, NJ, United States
PA Merck & Co., Inc., Rahway, NJ, United States (U.S. corporation)
PI US 5543417 960806
AI US 94-327078 941021 (8)
DT Utility
EXNAM Primary Examiner: Killos, Paul J.
LREP Fitch, Catherine D.; North, Robert J.; Winokur, Melvin
CLMN Number of Claims: 31
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3981
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Described is a combination method using selective inhibitors of 5.alpha.-reductase 1 and/or 2 including 7.beta.-substituted 4-aza-5.alpha.-cholestan-3-ones and related 4-aza-5.alpha.-androstan-3-one compounds which are useful in the treatment of acne vulgaris in combination with at least one agent selected from an antibacterial, keratolytic, and/or an anti-inflammatory.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 8 OF 11 USPATFULL
AN 95:11763 USPATFULL
TI Antimicrobial dithiocarbamoyl quinolones
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5387748 950207
AI US 91-696985 910502 (7)
RLI Continuation of Ser. No. US 89-418029, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Roof, Carl J.; Clark, Karen F.; Suter, David L.
CLMN Number of Claims: 35
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1578
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--S--M, where M is a pharmaceutically-acceptable salt or biohydrolyzable ester; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 9 OF 11 USPATFULL
AN 94:60159 USPATFULL
TI Antimicrobial quinolone thioureas
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5328908 940712
AI US 90-513368 900420 (7)
RLI Continuation-in-part of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Suter, David L.; Clark, Karen F.; Roof, Carl J.
CLMN Number of Claims: 26
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1238
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--NR.sup.20 R.sup.21 ; where R.sup.20 is, hydrogen, alkyl, alkenyl, a carbocyclic ring or a heterocyclic ring; and R.sup.21 is R.sup.20 or N(R.sup.20)(R.sup.20); or R.sup.20 and R.sup.21, together with the nitrogen to which they are bonded, form a heterocyclic ring; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 10 OF 11 USPATFULL
AN 94:15529 USPATFULL
TI Cryogel oral pharmaceutical composition containing therapeutic agent
IN Wood, Louis L., Rockville, MD, United States
Calton, Gary J., Elkridge, MD, United States
PA SRCHEM Incorporated, Elkridge, MD, United States (U.S. corporation)
PI US 5288503 940222
AI US 92-899369 920616 (7)
RLI Division of Ser. No. US 92-821627, filed on 16 Jan 1992, now patented, Pat. No. US 5260066
DT Utility
EXNAM Primary Examiner: Phelan, Gabrielle
LREP Ramsey, William S.
CLMN Number of Claims: 5
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1265
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An oral pharmaceutical composition comprising a hydrophobic resin or ion exchange resin which has a therapeutic agent bound thereto forming an agent-resin complex is disclosed. The complex is coated with a water-permeable diffusion barrier of poly(vinyl alcohol) polymer cryogel.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 11 OF 11 USPATFULL
AN 93:93558 USPATFULL
TI Cryogel bandage containing therapeutic agent

IN Wood, Louis L., Rockville, MD, United States
Calton, Gary J., Elkridge, MD, United States
PA SRCHEM Incorporated, Elkridge, MD, United States (U.S. corporation)
PI US 5260066 931109
AI US 92-821627 920116 (7)
DT Utility
EXNAM Primary Examiner: Page, Thurman K.; Assistant Examiner: Phelan, D. Gabrielle
LREP Ramsey, William S.
CLMN Number of Claims: 8
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1376
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A controlled-release bandage containing therapeutic agents in a poly(vinyl alcohol) cryogel is disclosed. The bandage may include particulate absorbants such as ion exchange resins and hydrophobic particles to further insure controlled and constant release of therapeutic agents. The bandage may also include plasticizing agents to provide softness in the event of drying the bandage.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

=> d l11 1-38 bib abs

L11 ANSWER 1 OF 38 USPATFULL
AN 1998:65227 USPATFULL
TI Kappa agonist compounds pharmaceutical formulations and method of prevention and treatment of pruritus therewith
IN Kruse, Lawrence I., Haddonfield, NJ, United States
Chang, An-Chih, Bensalem, PA, United States
DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
Farrar, John J., Chester Springs, PA, United States
Gaul, Forrest, Douglassville, PA, United States
Kumar, Virendra, Paoli, PA, United States
Marella, Michael Anthony, Philadelphia, PA, United States
Maycock, Alan L., Malvern, PA, United States
Zhang, Wei Yuan, Collegeville, PA, United States
PA Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI US 5763445 980609
AI US 97-891833 970714 (8)
RLI Continuation-in-part of Ser. No. US 97-796078, filed on 5 Feb 1997, now patented, Pat. No. US 5688955 which is a continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar 1996, now patented, Pat. No. US 5646151
DT Utility
EXNAM Primary Examiner: McKane, Joseph
LREP Balogh, Imre
CLMN Number of Claims: 3
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 4965
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds having kappa opioid agonist activity, compositions containing them and method of using them as analgesics and anti-pruritic agents are provided.

The compounds of formular I, II, III and IV have the structure: ##STR1## wherein X, X.sub.4, X.sub.5, X.sub.7, X.sub.9 ;

R.sub.1, R.sub.2, R.sub.3, R.sub.4 ; and

Y, Z and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 2 OF 38 USPATFULL
AN 1998:45193 USPATFULL
TI Kappa agonist compounds and pharmaceutical formulations thereof
IN Kruse, Lawrence I., Haddonfield, NJ, United States
Chang, An-Chih, Phoenixville, PA, United States
DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
Farrar, John J., Chester Springs, PA, United States
Gaul, Forrest, Glen Moore, PA, United States
Kumar, Virendra, Paoli, PA, United States
Marella, Michael Anthony, Exton, PA, United States
Maycock, Alan L., Malvern, PA, United States
Zhang, Wei Yuan, Collegeville, PA, United States
PA Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI US 5744458 980428
AI US 97-899086 970723 (8)
RLI Division of Ser. No. US 97-796078, filed on 5 Feb 1997, now patented, Pat. No. US 5688955 which is a continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar 1996, now patented, Pat. No. US 5646151
DT Utility
EXNAM Primary Examiner: McKane, Joseph
LREP Balogh, Imre
CLMN Number of Claims: 15
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 4618
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds having kappa opioid agonist activity, compositions containing them and method of using them as analgesics are provided.

The compound of formula II has the structure: ##STR1## wherein X.sub.4, X.sub.5 ;

R.sub.1, R.sub.2 ; and

Ar and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 3 OF 38 USPATFULL
AN 1998:30681 USPATFULL
TI Thermoplastic elastomeric copolymers used in hair and **skin** care compositions
IN Torgerson, Peter Marte, Washington Court House, OH, United States
Midha, Sanjeev, Blue Ash, OH, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5730966 980324
AI US 95-465171 950605 (8)
RLI Division of Ser. No. US 95-409486, filed on 21 Mar 1995 which is a continuation of Ser. No. US 94-257962, filed on 16 Jun 1994, now abandoned which is a continuation-in-part of Ser. No. US 94-231955, filed on 21 Apr 1994, now abandoned which is a continuation of Ser. No. US 93-86605, filed on 1 Jul 1993, now abandoned
DT Utility
EXNAM Primary Examiner: Henderson, Christopher
LREP Henderson, Loretta J.; Lewis, Leonard W.; Dabbiere, David K.
CLMN Number of Claims: 4
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1901
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention relates to water or alcohol soluble or dispersible thermoplastic elastomeric copolymers and to cosmetic and pharmaceutical compositions containing these copolymers. This invention especially relates to copolymers useful for hair styling purposes, and to hair styling compositions containing these copolymers. This invention further relates to copolymers useful for providing cosmetic and pharmaceutical compositions for **topical** application to the **skin**. These **topical skin** care compositions are useful for delivereing and/or transdermally transporting active ingredients to or thorugh the **skin**.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 4 OF 38 USPATFULL
AN 1998:25236 USPATFULL
TI Quinolizinone type compounds
IN Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
Ma, Zhenkun, Gurnee, IL, United States
Wang, Wei-Bo, Park City, IL, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5726182 980310
AI US 95-484632 950607 (8)
RLI Division of Ser. No. US 95-469159, filed on 6 Jun 1995, now abandoned which is a continuation-in-part of Ser. No. US 94-316319, filed on 30 Sep 1994, now patented, Pat. No. US 5580872 which is a continuation-in-part of Ser. No. US 93-137236, filed on 14 Oct 1993, now abandoned which is a continuation-in-part of Ser. No. US 92-940870, filed on 27 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 90-517780, filed on 2 May 1990, now abandoned
DT Utility
EXNAM Primary Examiner: Shah, Mukund J.; Assistant Examiner: Kifle, Bruce
LREP Anand, Mona; Brainard, Thomas D.
CLMN Number of Claims: 11
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 12351
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, selected preferred examples of which include those compounds wherein

A is .dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 5 OF 38 USPATFULL
AN 1998:14937 USPATFULL
TI Nucleotide analogs
IN Arimilli, Murty N., Fremont, CA, United States
Jones, Robert J., Millbrae, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
PA Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
PI US 5717095 980210
AI US 96-774240 961227 (8)
DT Utility
EXNAM Primary Examiner: Ambrose, Michael G.
LREP Muenchau, Daryl D.
CLMN Number of Claims: 1
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1874
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A cyclic nucleotide phosphonate ester characterized by the presence of an n-butyl salicylate ester group linked to the phosphorus atom of cHPMPC is disclosed. The analog comprises an ester bond that is hydrolyzed in vivo to yield a corresponding phosphonate nucleotide analog.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 6 OF 38 USPATFULL
AN 97:107236 USPATFULL
TI Kappa agonist compounds and pharmaceutical formulations thereof
IN Kruse, Lawrence I., Haddonfield, NJ, United States
Chang, An-Chih, Phoenixville, PA, United States
DeHaven-Hudkins, Diane L., Chester Springs, PA, United States
Farrar, John J., Chester Springs, PA, United States
Gaul, Forrest, Glen Moore, PA, United States
Kumar, Virendra, Paoli, PA, United States
Marella, Michael Anthony, Exton, PA, United States
Maycock, Alan L., Malvern, PA, United States
Zhang, Wei Yuan, Collegeville, PA, United States
PA Adolor Corporation, Malvern, PA, United States (U.S. corporation)
PI US 5688955 971118
AI US 97-796078 970205 (8)
RLI Continuation-in-part of Ser. No. US 96-612680, filed on 8 Mar 1996
DT Utility
EXNAM Primary Examiner: McKane, Joseph
LREP Balogh, Imre
CLMN Number of Claims: 15
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 4645
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds having kappa opioid agonist activity, compositions containing them and method of using them as analgesics are provided.

The compounds of formulae I, II, III and IV have the structure: ##STR1## wherein X, X.sub.4, X.sub.5, X.sub.7, X.sub.9 ;

R.sub.1, R.sub.2, R.sub.3, R.sub.4 ; and

Y, Z and n are as described in the specification.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 7 OF 38 USPATFULL
AN 97:88981 USPATFULL
TI Antimicrobial dithiocarbamoyl quinolones
IN Demuth, Jr., Thomas Prosser, Norwich, NY, United States
White, Ronald Eugene, South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5672600 970930
AI US 94-327063 941021 (8)
RLI Division of Ser. No. US 91-696985, filed on 2 May 1991, now patented, Pat. No. US 5387748 which is a continuation of Ser. No. US 89-418029, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Roof, Carl J.; Hake, Richard A.
CLMN Number of Claims: 33
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1544
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the dithiocarbamate containing moiety;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 8 OF 38 USPATFULL
AN 97:88966 USPATFULL
TI Cyclic prodrugs of peptides and peptide nucleic acids having improved metabolic stability and cell membrane permeability
IN Borchardt, Ronald T., Lawrence, KS, United States
Siahaan, Teruna, Lawrence, KS, United States
Gangwar, Sanjeev, Lawrence, KS, United States
Stella, Valentino J., Lawrence, KS, United States
Wang, Binghe, Norman, OK, United States
PA The University of Kansas, Lawrence, KS, United States (U.S. corporation)
PI US 5672584 970930
AI US 95-429732 950425 (8)
DT Utility
EXNAM Primary Examiner: Johnson, Jerry D.
LREP Birch, Stewart, Kolasch, Birch, LLP
CLMN Number of Claims: 5
ECL Exemplary Claim: 1
DRWN 1 Drawing Figure(s); 1 Drawing Page(s)
LN.CNT 2730
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Provided are cyclic prodrugs of biologically active peptides and peptide nucleic acids exhibiting improved cell membrane permeability and enzymatic stability, containing 3-(2'-hydroxy-4',6'-dimethyl phenyl)-3,3-dimethyl propionic acid and its deriveatives and acyloxyalkoxy linkers. Also provided are pharmaceutical compositions containing effective amounts of these

cyclic prodrugs in combination with pharmaceutically acceptable carriers, excipients, or diluents.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 9 OF 38 USPATFULL
AN 97:71178 USPATFULL
TI Nucleotide analogs
IN Bischofberger, Norbert, San Carlos, CA, United States
Jones, Robert J., Millbrae, CA, United States
Arimilli, Murty, Fremont, CA, United States
Lin, Kuei-Ying, Fremont, CA, United States
Louie, Michael, Burlingame, CA, United States
McGee, Lawrence R., Pacifica, CA, United States
Prisbe, Ernest J., Los Altos, CA, United States
PA Gilead Sciences, Inc., Foster City, CA, United States (U.S. corporation)
PI US 5656745 970812
AI US 93-123483 930917 (8)
DT Utility
EXNAM Primary Examiner: Wilson, James O.
LREP Muenchau, Daryl D.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN 7 Drawing Figure(s); 7 Drawing Page(s)
LN.CNT 3679
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Nucleotide analogs characterized by the presence of an amidate linked amino acid or an ester linked group which is bonded to the phosphorus atom of phosphonate nucleotide analogs are disclosed. The analogs comprise a phosphoamidate or ester bond that is hydrolyzed in vivo to yield a corresponding phosphonate nucleotide analog. Methods and intermediates for their synthesis and use are described.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 10 OF 38 USPATFULL
AN 97:71058 USPATFULL
TI Antimicrobial lactam-quinolones
IN White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5656623 970812
AI US 91-692821 910426 (7)
RLI Continuation of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas
LREP Clark, Karen F.; Suter, David L.; Rasser, Jacabus C.
CLMN Number of Claims: 101
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 6683
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial lactam-quinolone compounds comprising a lactam-containing moiety linked to a quinolone moiety, of the formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.4 and R.sup.6 generally form any of a variety of quinolone, naphthyridine or related cyclic moieties known in the art to have antimicrobial activity; and

(2) R.sup.1 or R.sup.3 contain a linking moiety, linking the quinolone moiety to a lactam-containing moiety having the formula:

##STR2## wherein (3) R.sup.10, R.sup.11, R.sup.12, R.sup.13, and R.sup.14, together with bonds "a" and "b", form any of a variety of lactam-containing moieties known in the art to have antimicrobial activity; and

(4) the linking moiety includes (for example) carbamate, dithiocarbamate, urea, thiourea, isouronium, isothiouronium, guanidine, carbonate, trithiocarbonate, reversed carbamate, xanthate, reversed isouronium, reversed dithiocarbamate, reversed isothiouronium, amine, imine, ammonium, heteroarylium, ether, thioether, phosphono, phosphoramide, phosphate, sulfonamide, ester, thioester, amide, and hydrazide groups.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 11 OF 38 USPATFULL
AN 97:61678 USPATFULL
TI Antimicrobial carbacephem-quinolones
IN White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5648346 970715
AI US 95-477724 950607 (8)
RLI Division of Ser. No. US 91-692821, filed on 26 Apr 1991 which is a continuation of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Clark, Karen F.; Hake, Richard A.
CLMN Number of Claims: 39
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 5867
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A substantially flat collapsed plastic bag with an evacuation form unit insert positioned therein as manufactured to serve as a form about which the filled bag will collapse as it is emptied. The form unit comprises a ring for mounting the unit on the spout of the bag and a multi-channel form extending radially from the ring and hingedly connected thereto. A simple method is provided for manufacturing the bag with the form unit insert.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 12 OF 38 USPATFULL
AN 97:59221 USPATFULL
TI Quinolone 5-(N-heterosubstituted amino) antimicrobials
IN Demuth, Jr., Thomas Prosser, Montgomery, OH, United States
White, Ronald Eugene, West Chester, OH, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5646163 970708
AI US 94-235003 940428 (8)
RLI Continuation-in-part of Ser. No. US 92-968960, filed on 30 Oct 1992, now abandoned
DT Utility
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Mach, D. Margaret M.
LREP Roof, Carl J.; Hake, Richard A.; Winter, William J.
CLMN Number of Claims: 20
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1789
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The invention relates to antimicrobial 5-(N-heterosubstituted amino) quinolone compounds having a structure according to Formula (I) or (II): ##STR1## wherein (1) R.sup.1, R.sup.2, R.sup.3, R.sup.9 and R.sup.10 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(a) R.sup.4 and R.sup.5 are, independently, hydrogen; lower alkyl; cycloalkyl; heteroalkyl; or --C(.dbd.O)--X--R.sup.8, where X is a covalent bond, N, O, or S, and R.sup.8 is lower alkyl, lower alkenyl, arylalkyl, a carbocylic ring, or a heterocyclic ring; or

(b) R.sup.4 and R.sup.5 together comprise a heterocyclic ring that includes the nitrogen to which they are bonded;

and the pharmaceutically-acceptable salts, biohydrolyzable esters, biohydrolyzable amides, and solvates thereof. The invention also relates to compositions comprising these compounds, as well as methods for treating infectious disorders using the compounds and/or compositions of the present invention.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 13 OF 38 USPATFULL
AN 97:59197 USPATFULL
TI Antimicrobial carbapenem quinolones
IN White, Ronald Eugene, South Plymouth, NY, United States
Demuth, Jr., Thomas Prosser, Norwich, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5646139 970708
AI US 95-477968 950607 (8)
RLI Division of Ser. No. US 91-692821, filed on 26 Apr 1991 which is a continuation of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Clark, Karen F.; Hake, Richard A.
CLMN Number of Claims: 45
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 5685
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds of Structure: ##STR1## as well as their pharmaceutically-acceptable salts and biohydrolyzable esters, and hydrates thereof, are effective antiinfective agents, useful in treating and preventing infection.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 14 OF 38 USPATFULL
AN 97:49630 USPATFULL
TI Antimicrobial penem-quinolones
IN White, Ronald E., South Plymouth, NY, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5637580 970610
AI US 95-479072 950607 (8)
RLI Division of Ser. No. US 91-692821, filed on 26 Apr 1991 which is a continuation of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned

DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Clark, Karen F.; Hake, Richard A.
CLMN Number of Claims: 46
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 5995
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Compounds of structure: ##STR1## as well as their pharmaceutically-acceptable salts and biohydrolyzables esters, and hydrates thereof, are effective antiinfective agents, useful in treating and preventing infection.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 15 OF 38 USPATFULL
AN 97:42881 USPATFULL
TI Antimicrobial quinolone thioureas
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5631256 970520
AI US 94-225123 940408 (8)
RLI Division of Ser. No. US 90-513368, filed on 20 Apr 1990, now patented, Pat. No. US 5328908 which is a continuation-in-part of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Grumbling, Matthew V.
LREP Suter, David L.; Roof, Carl J.; Hake, Richard A.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1264
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2) (1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and X is the thiourea containing moiety

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 16 OF 38 USPATFULL
AN 97:33489 USPATFULL
TI Silicone grafted thermoplastic elastomeric copolymers and hair and **skin** care compositions containing the same
IN Torgerson, Peter M., Washington Court House, OH, United States
Midha, Sanjeev, Blue Ash, OH, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5622694 970422
AI US 95-440867 950515 (8)
RLI Continuation of Ser. No. US 94-259069, filed on 20 Jun 1994, now abandoned which is a continuation-in-part of Ser. No. US 94-257961, filed on 16 Jun 1994, now abandoned which is a continuation-in-part of Ser. No. US 94-236881, filed on 29 Apr 1994, now abandoned which is a continuation of Ser. No. US

93-110592, filed on 27 Aug 1993, now abandoned
DT Utility
EXNAM Primary Examiner: Kulkosky, Peter F.
LREP Sabatelli, Anthony D.; Lewis, Leonard W.
CLMN Number of Claims: 20
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 2541
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention relates to water or alcohol soluble or dispersible silicone grafted thermoplastic elastomeric copolymers and to cosmetic and pharmaceutical compositions containing these copolymers. This invention especially relates to copolymers useful for hair styling purposes, and to hair styling compositions containing these copolymers. This invention further relates to copolymers useful for providing cosmetic and pharmaceutical compositions for **topical** application to the **skin** . These **topical skin** care compositions are useful for delivering and/or transdermally transporting active ingredients to or through the **skin**.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 17 OF 38 USPATFULL
AN 97:10039 USPATFULL
TI Quinolizinone type compounds
IN Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
Ma, Zhenkun, Gurnee, IL, United States
Wang, Wei-Bo, Park City, IL, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5599816 970204
AI US 95-482249 950607 (8)
RLI Division of Ser. No. US 95-469159, filed on 6 Jun 1995 which is a continuation-in-part of Ser. No. US 94-316319, filed on 30 Sep 1994 which is a continuation-in-part of Ser. No. US 92-137236, filed on 14 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 92-940870, filed on 27 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 90-517780, filed on 2 May 1990, now abandoned
DT Utility
EXNAM Primary Examiner: Tsang, Cecilia
LREP Anand, Mona; Brainard, Thomas D.
CLMN Number of Claims: 31
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 12751
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, selected preferred examples of which include those compounds wherein

A is.dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 18 OF 38 USPATFULL
AN 96:111461 USPATFULL
TI Quinolizinone type compounds
IN Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5580872 961203
AI US 94-316319 940930 (8)
RLI Continuation-in-part of Ser. No. US 93-137236, filed on 14 Oct 1993, now abandoned which is a continuation-in-part of Ser. No. US 92-940870, filed on 27 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 90-517780, filed on 2 May 1990, now abandoned
DT Utility
EXNAM Primary Examiner: Tsang, Cecilia
LREP Anand, Mona; Brainard, Thomas D.
CLMN Number of Claims: 6
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 9781
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, preferred examples of which include those compounds wherein

A is .dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 19 OF 38 USPATFULL
AN 96:70456 USPATFULL

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 18 OF 38 USPATFULL
AN 96:111461 USPATFULL
TI Quinolizinone type compounds
IN Chu, Daniel T., Santa Clara, CA, United States
Li, Qun, Gurnee, IL, United States
Cooper, Curt S., Gurnee, IL, United States
Fung, Anthony K. L., Gurnee, IL, United States
Lee, Cheuk M., Libertyville, IL, United States
Plattner, Jacob J., Libertyville, IL, United States
PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5580872 961203
AI US 94-316319 940930 (8)
RLI Continuation-in-part of Ser. No. US 93-137236, filed on 14 Oct 1993, now abandoned which is a continuation-in-part of Ser. No. US 92-940870, filed on 27 Oct 1992, now abandoned which is a continuation-in-part of Ser. No. US 90-517780, filed on 2 May 1990, now abandoned
DT Utility
EXNAM Primary Examiner: Tsang, Cecilia
LREP Anand, Mona; Brainard, Thomas D.
CLMN Number of Claims: 6
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 9781
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antibacterial compounds having the formula ##STR1## and the pharmaceutically acceptable salts, esters and amides thereof, preferred examples of which include those compounds wherein

A is .dbd.CR.sup.6 --;

R.sup.1 is cycloalkyl of from three to eight carbon atoms or substituted phenyl;

R.sup.2 is selected from the group consisting of ##STR2## R.sup.3 is halogen; R.sup.4 is hydrogen, loweralkyl, a pharmaceutically acceptable cation, or a prodrug ester group;

R.sup.5 is hydrogen, loweralkyl, halo(loweralkyl), or --NR.sup.13 R.sup.14 ; and

R.sup.6 is halogen, loweralkyl, halo(loweralkyl), hydroxy-substituted loweralkyl, loweralkoxy(loweralkyl), loweralkoxy, or amino(loweralkyl),

as well as pharmaceutical compositions containing such compounds and the use of the same in the treatment of bacterial infections.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 19 OF 38 USPATFULL
AN 96:70456 USPATFULL

TI Combination method of treating acne using 4-AZA-5.alpha.-cholestan-ones and 4-AZA-5.alpha.-androstan-ones as selective 5.alpha.-reductase inhibitors with anti-bacterial, keratolytic, or anti-inflammatory agents
IN Waldstreicher, Joanne, Scotch Plains, NJ, United States
PA Merck & Co., Inc., Rahway, NJ, United States (U.S. corporation)
PI US 5543417 960806
AI US 94-327078 941021 (8)
DT Utility
EXNAM Primary Examiner: Killos, Paul J.
LREP Fitch, Catherine D.; North, Robert J.; Winokur, Melvin
CLMN Number of Claims: 31
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3981
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Described is a combination method using selective inhibitors of 5.alpha.-reductase 1 and/or 2 including 7.beta.-substituted 4-aza-5.alpha.-cholestan-3-ones and related 4-aza-5.alpha.-androstan-3-one compounds which are useful in the treatment of acne vulgaris in combination with at least one agent selected from an antibacterial, keratolytic, and/or an anti-inflammatory.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 20 OF 38 USPATFULL
AN 96:67677 USPATFULL
TI Personal treatment compositions and/or cosmetic compositions containing enduring perfume
IN Trinh, Toan, Maineville, OH, United States
Bacon, Dennis R., Milford, OH, United States
Trandai, Angie, West Chester, OH, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5540853 960730
AI US 94-326457 941020 (8)
DT Utility
EXNAM Primary Examiner: McFarlane, Anthony; Assistant Examiner: Hailey, Patricia L.
LREP Aylor, Robert B.
CLMN Number of Claims: 21
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3562
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Personal treatment compositions including cleansing and/or cosmetic compositions are disclosed, the cleansing compositions, for example, comprising from about 0.001% to about 10%, preferably from about 0.005% to about 6%, enduring perfume; from about 0.01% to about 95% surfactant system; and the balance carrier. The enduring perfume provides a lasting olfactory sensation thus minimizing the need to use large amounts. Preferred compositions are liquid and comprise water as a carrier.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 21 OF 38 USPATFULL
AN 96:55870 USPATFULL
TI Antimicrobial quinolonyl lactams
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5530116 960625
AI US 94-361919 941222 (8)
RLI Continuation of Ser. No. US 90-511483, filed on 18 Apr 1990, now

abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas
LREP Hake, Richard A.; Winter, William J.; Suter, David L.
CLMN Number of Claims: 30
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1939
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam compounds comprising a lactam-containing moiety linked to a quinolone moiety, of the formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, and R.sup.4 generally form any of a variety of quinolone, naphthyridine or related cyclic moieties known in the art to have antimicrobial activity; and

(2) R.sup.6 is part of a linking moiety, linking the quinolone moiety to a lactam-containing moiety having the formula: ##STR2## wherein (3) R.sup.10, R.sup.11, R.sup.12, R.sup.13, and R.sup.14, together with bonds "a" and "b", form any of a variety of lactam-containing moieties known in the art to have antimicrobial activity; and

(4) the linking moiety includes (for example) carbamate, dithiocarbamate, urea, thiourea, isouronium, isothiouronium, guanidine, carbonate, trithiocarbonate, reversed carbamate, xanthate, reversed isouronium, reversed dithiocarbamate, reversed isothiouronium, amine, imine, ammonium, heteroarylium, ether, thioether, ester, thioester, amide, and hydrazide groups.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 22 OF 38 USPATFULL
AN 96:12860 USPATFULL
TI Antimicrobial quinolonyl lactams
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA The Procter & Gamble Company, Cincinnati, OH, United States (U.S. corporation)
PI US 5491139 960213
AI US 94-224120 940406 (8)
RLI Continuation of Ser. No. US 91-672150, filed on 19 Mar 1991, now abandoned which is a continuation of Ser. No. US 89-416646, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261767, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas
LREP Winter, William J.; Clark, Karen F.; Suter, David L.
CLMN Number of Claims: 35
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3054
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam compounds comprising a lactam-containing moiety linked, by a non-ester linking moiety, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form any of a variety of lactam-containing moieties similar to those known in the art to have antimicrobial activity;

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or naphthyridine structures similar to those known in the art to have antimicrobial activity; and

(3) Y, together with R.sup.5, form a variety of non-ester linking

moieties between the lactam-containing moiety and the quinolone moiety.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 23 OF 38 USPATFULL
AN 95:64917 USPATFULL
TI Antimicrobial quinolonyl lactam esters
IN White, Ronald W., West Chester, OH, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
PA Proctor & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5434147 950718
AI US 93-133704 931008 (8)
RLI Division of Ser. No. US 92-933446, filed on 21 Aug 1992, now patented, Pat. No. US 5273973, issued on 29 Dec 1993 which is a division of Ser. No. US 91-693790, filed on 29 Apr 1991, now patented, Pat. No. US 5180719, issued on 19 Jan 1993 which is a continuation of Ser. No. US 89-418033, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261798, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas
LREP Suter, David L.; Clark, Karen F.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 2211
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial activity; and

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or napthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 24 OF 38 USPATFULL
AN 95:11763 USPATFULL
TI Antimicrobial dithiocarbamoyl quinolones
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5387748 950207
AI US 91-696985 910502 (7)
RLI Continuation of Ser. No. US 89-418029, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Roof, Carl J.; Clark, Karen F.; Suter, David L.
CLMN Number of Claims: 35
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1578
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial dithiocarbamoyl quinolone compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone

and related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--S--M, where M is a pharmaceutically-acceptable salt or biohydrolyzable ester; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 25 OF 38 USPATFULL
AN 94:60159 USPATFULL
TI Antimicrobial quinolone thioureas
IN Demuth, Jr., Thomas P., Norwich, NY, United States
White, Ronald E., South Plymouth, NY, United States
PA Procter & Gamble Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5328908 940712
AI US 90-513368 900420 (7)
RLI Continuation-in-part of Ser. No. US 89-416645, filed on 10 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261948, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Suter, David L.; Clark, Karen F.; Roof, Carl J.
CLMN Number of Claims: 26
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1238
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolone thiourea compounds of the general formula: ##STR1## wherein (1) A.sup.1, A.sup.2, A.sup.3, R.sup.1, R.sup.3, R.sup.4, and R.sup.6 form any of a variety of quinolone and

related heterocyclic structures similar to those known in the art to have antimicrobial activity; and

(2)

(1) R.sup.1 is X, R.sup.3 is X, or both R.sup.1 and R.sup.3 are X; and

(2) X is --R.sup.15 --N(R.sup.16)(R.sup.17) or --R.sup.15 --R.sup.18 --N(R.sup.19)(R.sup.17), where

(a)

(1) R.sup.15 is nil, alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.16 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) when X is R.sup.15 --N(R.sup.16)(R.sup.17), R.sup.16 and R.sup.15 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.15 and R.sup.16 are bonded;

(b) R.sup.17 is C(.dbd.S)--NR.sup.20 R.sup.21 ; where R.sup.20 is, hydrogen, alkyl, alkenyl, a carbocyclic ring or a heterocyclic ring; and R.sup.21 is R.sup.20 or N(R.sup.20)(R.sup.20); or R.sup.20 and R.sup.21, together with the nitrogen to which they are bonded, form a heterocyclic ring; and

(c)

(1) R.sup.18 is alkyl, a carbocyclic ring, or a heterocyclic ring; and

(2) R.sup.19 is hydrogen; alkyl; alkenyl; a carbocyclic ring; a heterocyclic ring; or

(3) R.sup.18 and R.sup.19 may together comprise a heterocyclic ring including the nitrogen atom to which R.sup.18 and R.sup.19 are bonded;

and pharmaceutically-acceptable salts and biohydrolyzable esters thereof, and hydrates thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 26 OF 38 USPATFULL
AN 94:17802 USPATFULL
TI Single layer **transdermal** drug administration system
IN Farhadieh, Bahram, Libertyville, IL, United States
Gokhale, Rajeev D., Vernon Hills, IL, United States
PA G. D. Searle & Co., Chicago, IL, United States (U.S. corporation)
PI US 5290561 940301
AI US 92-866617 920410 (7)
DCD 20091117
RLI Continuation of Ser. No. US 91-667992, filed on 11 Mar 1991, now patented, Pat. No. US 5164189 which is a continuation-in-part of Ser. No. US 89-425766, filed on 4 Dec 1989, now abandoned
DT Utility
EXNAM Primary Examiner: Page, Thurman K.; Assistant Examiner: Venkat, Jyothsna
LREP Hastreiter, Roberta L.; Williams, Roger A.
CLMN Number of Claims: 24
ECL Exemplary Claim: 1
DRWN 4 Drawing Figure(s); 4 Drawing Page(s)
LN.CNT 2036

AB A patch for the **transdermal** delivery of pharmaceutical drugs. The patch is characterized by having a single mass of elastomer in which the active drug and a percutaneous absorption enhancer are homogeneously dispersed throughout. The patch is especially well suited to delivering the beta.sub.2 adrenergic agonist drug albuterol.

L11 ANSWER 27 OF 38 USPATFULL
AN 94:15529 USPATFULL
TI Cryogel oral pharmaceutical composition containing therapeutic agent
IN Wood, Louis L., Rockville, MD, United States
Calton, Gary J., Elkridge, MD, United States
PA SRCHEM Incorporated, Elkridge, MD, United States (U.S. corporation)
PI US 5288503 940222
AI US 92-899369 920616 (7)
RLI Division of Ser. No. US 92-821627, filed on 16 Jan 1992, now patented, Pat. No. US 5260066
DT Utility
EXNAM Primary Examiner: Phelan, Gabrielle
LREP Ramsey, William S.
CLMN Number of Claims: 5
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1265
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An oral pharmaceutical composition comprising a hydrophobic resin or ion exchange resin which has a therapeutic agent bound thereto forming an agent-resin complex is disclosed. The complex is coated with a water-permeable diffusion barrier of poly(vinyl alcohol) polymer cryogel.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 28 OF 38 USPATFULL
AN 94:1215 USPATFULL
TI Stable suspension formulations of bioerodible polymer matrix microparticles incorporating drug loaded ion exchange resin particles
IN Chang, Nienyuan J., Irvine, CA, United States
PA Allergan, Inc., Irvine, CA, United States (U.S. corporation)
PI US 5275820 940104
AI US 90-634500 901227 (7)
DT Utility
EXNAM Primary Examiner: Webman, Edward
LREP Poms, Smith, Lande & Rose
CLMN Number of Claims: 24
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 785
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Sustained release pharmaceutical compound delivery compositions and methods for their production are disclosed wherein ion exchange resin particles are loaded with releasably bound pharmaceutical compounds prior to incorporation in an erodible polymeric matrix to form microparticulates. The microparticulates are suspended in a fluid medium where the encapsulating polymeric matrix shields the drug loaded ion exchange resin from solvent interaction. Administration to a target tissue site initiations erosion of the polymer matrix and release of the loaded pharmaceutical compound.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 29 OF 38 USPATFULL
AN 93:109071 USPATFULL
TI Antimicrobial quinolonyl esters
IN White, Ronald E., Norwich, NY, United States
Demuth, Jr., Thomas P., Montgomery, OH, United States
PA Norwich Eaton Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5273973 931228
AI US 92-933446 920821 (7)
RLI Division of Ser. No. US 91-693790, filed on 29 Apr 1991, now patented, Pat. No. US 5180179, issued on 19 Jan 1993 which is a continuation of Ser. No. US 89-418033, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261798, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Suter, David L.; Clark, Karen F.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 2014
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolnyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial activity; and

(2) A, R.sup.6, R.sup.7, and R.sup.8 form any of a variety of quinolone or napthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 30 OF 38 USPATFULL
AN 93:93558 USPATFULL
TI Cryogel bandage containing therapeutic agent
IN Wood, Louis L., Rockville, MD, United States
Calton, Gary J., Elkridge, MD, United States
PA SRCHEM Incorporated, Elkridge, MD, United States (U.S. corporation)
PI US 5260066 931109
AI US 92-821627 920116 (7)
DT Utility
EXNAM Primary Examiner: Page, Thurman K.; Assistant Examiner: Phelan, D. Gabrielle
LREP Ramsey, William S.
CLMN Number of Claims: 8
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1376
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A controlled-release bandage containing therapeutic agents in a poly(vinyl alcohol) cryogel is disclosed. The bandage may include particulate absorbants such as ion exchange resins and hydrophobic particles to further insure controlled and constant release of therapeutic agents. The bandage may also include plasticizing agents to provide softness in the event of drying the bandage.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 31 OF 38 USPATFULL
AN 93:5380 USPATFULL
TI Antimicrobial quinolonyl lactam esters

IN White, Ronald E., South Plymouth, NY, United States
Demuth, Jr., Thomas P., Norwich, NY, United States
PA Norwich Eaton Pharmaceuticals, Inc., Norwich, NY, United States (U.S. corporation)
PI US 5180719 930119
AI US 91-693790 910429 (7)
RLI Continuation of Ser. No. US 89-418033, filed on 12 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 88-261798, filed on 24 Oct 1988, now abandoned
DT Utility
EXNAM Primary Examiner: Rizzo, Nicholas S.
LREP Suter, David L.; Clark, Karen F.; Schaeffer, Jack D.
CLMN Number of Claims: 29
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 2097
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Antimicrobial quinolonyl lactam esters comprising a lactam-containing moiety linked, by an ester group, to the 3-carboxy group of a quinolone moiety. These compounds are of the formula: ##STR1## wherein (1) R.sup.3, R.sup.4, and R.sup.5, together with bonds "a" and "b", form certain lactam-containing moieties similar to those known in the art to have antimicrobial activity; and

(2) A.sup.2, A.sup.2, A.sup.3, R.sup.7, R.sup.8, and R.sup.9 form any of a variety of quinolone or naphthyridine structures similar to those known in the art to have antimicrobial activity.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 32 OF 38 USPATFULL
AN 92:94880 USPATFULL
TI Single layer **transdermal** drug administration system
IN Farhadieh, Bahram, Libertyville, IL, United States
Gokhale, Rajeev D., Vernon Hills, IL, United States
Berger, Hana, Lincolnshire, IL, United States
Vallner, Joseph, Mountainview, CA, United States
PA G. D. Searle & Co., Chicago, IL, United States (U.S. corporation)
PI US 5164189 921117
AI US 91-667992 910311 (7)
RLI Continuation-in-part of Ser. No. US 89-425766, filed on 4 Dec 1989, now abandoned
DT Utility
EXNAM Primary Examiner: Page, Thurman K.; Assistant Examiner: Horne, Leon R.
LREP Hastreiter, Roberta L.; Matukaitis, Paul D.
CLMN Number of Claims: 23
ECL Exemplary Claim: 1
DRWN 5 Drawing Figure(s); 5 Drawing Page(s)
LN.CNT 2031
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A patch for the **transdermal** delivery of pharmaceutical drugs. The patch is characterized by having a single mass of elastomer in which the active drug and a percutaneous absorption enhancer are homogeneously dispersed throughout. The patch is especially well suited to delivering the beta.sub.2 adrenergic agonist drug albuterol.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 33 OF 38 USPATFULL
AN 92:65969 USPATFULL
TI Quinoline, naphthyridine and pyridobenzoxazine derivatives
IN Chu, Daniel T., Vernon Hills, IL, United States
Cooper, Curt S., Lake Bluff, IL, United States

PA Abbott Laboratories, Abbott Park, IL, United States (U.S. corporation)
PI US 5137892 920811
AI US 90-626602 901212 (7)
DT Utility
EXNAM Primary Examiner: Berch, Mark L.
LREP Danckers, Andreas M.
CLMN Number of Claims: 10
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3265
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Novel antibacterial compounds are disclosed having the formula ##STR1## as well as pharmaceutically acceptable salts, esters, amide and prodrugs thereof,

wherein R.sup.1 is selected from the group consisting of (a) lower alkyl, (b) halo(lower alkyl), (c) lower alkyl(alkynyl), (d) lower cycloalkyl, (e) lower alkylamino, (f) nitrogen-containing aromatic heterocycle, (g) bicyclic alkyl and (h) phenyl;

R.sup.2 is selected from the group consisting of hydrogen, lower alkyl, a pharmaceutically acceptable cation, and a prodrug ester group;

R.sup.3 and R.sup.4 are independently selected from the group consisting of hydrogen, halogen, amino, and lower alkyl;

R.sup.5 is either a nitrogen-containing heterocycle or a nitrogen-containing spiro-bicyclic-heterocycle; and

A is N or C--R.sup.6, wherein R.sup.6 is selected from the group consisting of hydrogen, halogen, lower alkyl, and lower alkoxy, or R.sup.1 and R.sup.6 taken together with the atoms to which they are attached form a 6-membered ring which may contain an oxygen or sulfur atom and which may be substituted with lower alkyl; as well as pharmaceutical compositions comprising such novel compounds and the thereapeutic use thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 34 OF 38 USPATFULL
AN 92:42541 USPATFULL
TI Method for treating benign prostatic hypertrophy
IN Gokcen, Muharrem, Minneapolis, MN, United States
Guy, Terry J., Chaska, MN, United States
PA Immunolytics, Inc., Minneapolis, MN, United States (U.S. corporation)
PI US 5116615 920526
AI US 91-707628 910530 (7)
RLI Continuation of Ser. No. US 89-429966, filed on 31 Oct 1989, now abandoned which is a continuation-in-part of Ser. No. US 89-303809, filed on 27 Jan 1989, now abandoned
DT Utility
EXNAM Primary Examiner: Stone, Jacqueline
LREP Merchant, Gould, Smith, Edell, Welter & Schmidt
CLMN Number of Claims: 19
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 3209
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides a composition and method for treating benign prostatic hypertropy in mammals so as to cause the dissolution and regression of hypertrophied prostatic tissue and thereby provide relief from the obstructive symptoms associated with the disease. The present composition preferably comprises a

sterile pyrogen-free solution of the hydrolytic enzymes collagenase and hyaluronidase, a nonionic surfactant, and an antibiotic; all provided, in a pharmaceutically acceptable, buffered, isotonic, aqueous carrier. The present method preferably comprises the direct intraprostatic injection of a safe and therapeutically effective dose of the composition via the transurethral route of administration.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 35 OF 38 USPATFULL
AN 90:28041 USPATFULL
TI Process for preparing novel N-(acyloxy-alkoxy)carbonyl derivatives useful as bioreversible prodrug moieties for primary and secondary amine functions in drugs
IN Alexander, Jose, Lawrence, KS, United States
PA Merck & Co., Inc., Rahway, NJ, United States (U.S. corporation)
PI US 4916230 900410
AI US 84-627156 840702 (6)
DT Utility
EXNAM Primary Examiner: Lone, Werren B.
LREP Polk, Manfred; DiPrima, Joseph F.
CLMN Number of Claims: 10
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 663
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB This invention relates to a new one-step process for preparation of novel N-(acyloxyalkoxy)carbonyl derivatives useful as bioreversible prodrug moieties for drugs having a primary or secondary amine function thereon.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 36 OF 38 USPATFULL
AN 89:53892 USPATFULL
TI Topically applicable formulations of gyrase inhibitors in combination with corticosteroids
IN Grohe, Klaus, Odenthal, Germany, Federal Republic of
PA Bayer Aktiengesellschaft, Leverkusen, Germany, Federal Republic of (non-U.S. corporation)
PI US 4844902 890704
AI US 88-154835 880211 (7)
PRAI DE 87-3704907 870217
DT Utility
EXNAM Primary Examiner: Robinson, Ellis P.; Assistant Examiner: Horne, Leon R.
LREP Sprung Horn Kramer & Woods
CLMN Number of Claims: 11
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1570
AB Topically applicable formulations comprising known **ciprofloxacin**-type antibacterials of the formula ##STR1## in which

A is N or C-R.sup.9,

and corticosteroids are especially effective in therapy, particularly in the oral cavity. The formulations can be used in the form of plasters, gels, suspensions, emulsions and solutions.

L11 ANSWER 37 OF 38 USPATFULL
AN 88:60613 USPATFULL
TI Oral bandage and oral preparations

IN Inoue, Yuichi, Osaka, Japan
Horiuchi, Tetuo, Osaka, Japan
Hsaegawa, Kenji, Osaka, Japan
Nakashima, Koichi, Osaka, Japan
Tsuyoshi, Takashi, Osaka, Japan
PA Nitto Electric Industrial Co., Ltd., both of, Japan (non-U.S. corporation)
Sunstar Inc., both of, Japan (non-U.S. corporation)
PI US 4772470 880920
AI US 86-855565 860425 (6)
PRAI JP 85-91580 850427
JP 85-91581 850427
DT Utility
EXNAM Primary Examiner: Schofer, Joseph L.; Assistant Examiner: Kulkosky, Peter F.
LREP Sughrue, Mion, Zinn, Macpeak, and Seas
CLMN Number of Claims: 27
ECL Exemplary Claim: 1
DRWN 1 Drawing Figure(s); 1 Drawing Page(s)
LN.CNT 1347
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB An oral bandage comprising a soft adhesive film comprising a mixture of a polycarboxylic acid and/or a polycarboxylic acid anhydride and a vinyl acetate polymer in a compatible state, and an oral preparation comprising such an oral bandage having incorporated therein a **topical** drug are disclosed. The oral bandage or preparation exhibits strong adhesion of long duration when applied to the oral mucosa or teeth.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L11 ANSWER 38 OF 38 USPATFULL
AN 88:47264 USPATFULL
TI (Acyloxyalkoxy)carbonyl derivatives as bioreversible prodrug moieties for primary and secondary amine functions in drugs
IN Alexander, Jose, Lawrence, KS, United States
PA Merck & Co., Inc., Rahway, NJ, United States (U.S. corporation)
PI US 4760057 880726
AI US 85-725605 850422 (6)
RLI Continuation-in-part of Ser. No. US 83-507316, filed on 23 Jun 1983, now abandoned
DT Utility
EXNAM Primary Examiner: Hollrah, Glennon H.; Assistant Examiner: Covington, Raymond
LREP Polk, Manfred; Sudol, Michael C.
CLMN Number of Claims: 15
ECL Exemplary Claim: 1,13
DRWN No Drawings
LN.CNT 677
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB This invention relates to novel (acyloxyalkoxy)carbonyl derivatives as bioreversible prodrug moieties for primary and secondary amine functions in drugs having a primary or secondary amine function thereon. Hydrolytic enzymes are used to trigger the regeneration of the parent amine drug of the carbamate prodrug moiety. The case also contains pharmaceutical composition, method of treatment and process claims.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.